



# State College Wrestling Club Membership Form 2020-2021

## Contact Information

Wrestler's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Wrestler's Email: \_\_\_\_\_ Wrestler's Phone #: \_\_\_\_\_

### Parent 1

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent 2

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**DUES: \$85 each wrestler, \$75 for second wrestler in the same family**

Dues: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Mail Check/Membership Form to:  
(make check out to- SCLLWB)

Ann Limegrover  
State College Wrestling Boosters  
2405 Cobble Ct.  
State College, PA 16803

Venmo: @Ann-Limegrover-SCW

Email Form to: [mattanngrover@yahoo.com](mailto:mattanngrover@yahoo.com)

If it is a financial hardship to your family to cover these dues, please contact the Booster Club Board Members at  
[statecollegewrestlingclub@gmail.com](mailto:statecollegewrestlingclub@gmail.com)

*Thank you for your support!*