

State College Wrestling Club Membership Form

2019-2020

Contact Information

Wrestlers 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: State College Wrestling Club – Boosters
c/o Stephanie Dry
305 Shrineview Avenue
Boalsburg, PA 16827

Venmo money to: @StephanieDry | Email completed Membership Form to: steph@colonialpress.net

If it is a financial hardship for your family to cover these dues, please contact the Booster Club Board Members at statecollegewrestlingclub@gmail.com.

Thank you for your support!