



Please Send this form to:

Huskerland Registration
Bobbi Hall
1010 SW 21st St Ct
Lincoln, NE 68522

Club Name: _____ Approximate # of Wrestlers: _____

Club Director: _____

Address: _____

City: _____ State: _____ Zip: _____

Club Director Phone: (_____) _____ - _____

Club Fax: (_____) _____ - _____

Club Cell: (_____) _____ - _____

Club Email: _____ @ _____

Club Website: www. _____ . _____

Facility Information

Facility Name: _____

Facility Type: *Sponsor or Owner of premises School/other or Government Entity*

Facility Address: _____

City: _____ State: _____ Zip: _____

Facility Director(name): _____

Facility Phone: (_____) _____ - _____

Club Dues: \$80.00 if Paid by 3/15/10

Please make checks payable to **Huskerland Wrestling**