

## Belvidere Bandits Wrestling Club Family Contact Information

Complete One (1) form per Household

Wrestler's Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) Name(s): Father/Legal Guardian: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City, State & Zip

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Calling post phone messaging will be used to notify families of changes in practices or messages regarding club activities. Please indicate the best phone number for this household to receive those messages: \_\_\_\_\_

The club will be utilizing weekly statements to enable each family to keep track of their club funds/spending. Please indicate the email address that you wish this information to be sent to.

Email: \_\_\_\_\_