



## 2011 NIU Wrestling Camps Coaches Registration Form

Coach's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

School  
Name \_\_\_\_\_

Roommate  
Preference \_\_\_\_\_

Adult t-shirt size: Sm \_\_\_\_\_ Md \_\_\_\_\_ Lg \_\_\_\_\_ XLg \_\_\_\_\_

Day Phone(\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Camp Options:** Check appropriate boxes

\_\_\_\_ 10 Day Training Camp Discounted Resident Coach Fee \$250

\_\_\_\_ Individual Camp Discounted Resident Coach Fee \$125

\_\_\_\_ Coach Free (*Team Camp*)

Please enclose special accessibility accommodation request(s).

**Mail this completed form, the [medical history form](#), and the \$50 nonrefundable deposit**

**to:**

Northern Illinois University, Huskie Sport Camps  
219 Convocation Center, DeKalb, Illinois 60115

Fax your registration information  
to 815-753-7700