



Ontario Amateur Wrestling Association

3 Concorde Gate, Toronto, Ontario M3C 3N7

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Web Site: <http://www.oawa.ca>

E-mail: admin@oawa.ca

2009-2010 School event request to allow OAWA members to participate

A. Applicant Information:

Applicant's Name: _____

Club Name: _____

Address: _____ City: _____

Postal Code: _____ Phone (day): _____

Email: _____ Fax: _____

B. General Event Information:

Event Name: _____

Location (city): _____ Event Date(s): _____

Detailed Event Information (check all that apply):

- Event will use Certified Officials – list head official: _____
- Event will use weight verification as follows (check one):
Random weight checks _____
Full weigh-in _____
- All Club participants will be OAWA members.
- For this type of event, please confirm that the School/school board have been notified that _____ yes no
OAWA Members are participating (check one)
- Event will be hosted according to OAWA Event Hosting Recommendations for School events: Use only certified officials, employ a skin check, and employ a weight verification system.
- Event will be hosted under rules as outlined by the Canadian Amateur Wrestling Association, including approved OFSAA rule modifications where applicable.

I hereby request that the event be cleared for participation by members of the Ontario Amateur Wrestling Association

Signature

Position

Date

OAWA use only:

Event Sanction is: _____ Granted _____ Rejected

Confirmed by: _____

Name

Signature

Date