



Ontario Amateur Wrestling Association

3 Concorde Gate, Toronto, Ontario M3C 3N7

Telephone: (416) 426-7274 Fax: (416) 426-7343

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

E-mail: admin@oawa.ca

2009-2010 Sanction Request Application

For use by Clubs running OAWA Club events

C. Applicant Information:

Applicant's Name: _____
Club Name: _____
Address: _____ City: _____
Postal Code: _____ Phone (day): _____
Email: _____ Fax: _____

D. 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 _____
- For Full Sanction events, all Participants will be OAWA members.
- Event will be hosted according to OAWA Event Hosting Guidelines
- Event will be hosted under rules as outlined by the Canadian Amateur Wrestling Association, including approved OAWA rule and safety modifications where applicable.

I hereby request that the event described above receive sanction from the Ontario Amateur Wrestling Association. I am aware that this request obligates me to follow the OAWA guidelines and requirements for hosting this event. I am aware that this is a legally binding contract between the Ontario Amateur Wrestling Association and me and that by failing to abide by the conditions set out herein I may be subject to disciplinary action by OAWA.

Name: _____ Signature: _____ Date: _____

PLEASE NOTE: I REQUIRE A THIRD PARTY CERTIFICATE FROM OAWA FOR INSURANCE PURPOSES. Name of Party(ies) to be named on the certificate (School Board, Community Centre, etc.):

OAWA use only:

Event Sanction is: _____ Granted _____ Rejected

Confirmed by: _____

Name

Signature

Date