

EVENT ENTRY FORM

Club / State:	Coach:	Wrestling Australia Membership Number:
Name Of Wrestler:		
Street Address:		
Suburb:	P/Code:	
Phone No:	Email address:	

Date of Birth

(evidence is required):

**I wish to enter the following categories:
(enter weight category in appropriate box)**

NOTE: Weight category to be confirmed at weigh-in

	<i>Freestyle Weight Males</i>	<i>Team Weight Males</i>	<i>Freestyle Weight FEMALES</i>
Cadets		Not Applicable	
Juniors		Not Applicable	
Seniors			

Competitors are required to be a **financial member** of their respective State Association. Confirmed by the State President / Secretary.

.....
Signature President / Secretary

Date:

Entry Fee Paid:

I have read the above Competition Rules and conditions of entry and agree with these rules and conditions.

Signature: **Dated:** ___ / ___ / ___
[Wrestler]

Signature:..... **Dated:** ___ / ___ / ___
[Parent / Guardian – required if wrestler under 18 years of age]

Send entry forms and details to:

ACT Wrestling Association
5 Howey Pl Kambah, ACT 2902
Email act.secretary@wrestling.com.au

CHEQUES and MONEY ORDERS are to be made out to – **ACT Wrestling Club Inc.**

Payment can be made by Electronic Funds Transfer:

Account Name: ACT Wrestling Incorporated
BSB: 032 719
Account: 23 9561
Bank: Westpac

Entry Fees:

Seniors	- \$ 50.00
Juniors	- \$ 35.00
Cadets	- \$ 35.00

**Note: If competing in more than one (1) competition style and/or age
it is an additional \$20.00 for each competition style and age.**

Application for Approval to compete in a higher Age category

Event Name: CANBERRA CUP 2013		
Date:	Proposed Weight division:	
Athlete Details:		
Name:	Street Address	
Suburb	State:	Post Code:
Home Phone Number:	Mobile Number:	
Competition Experience:		
Signature of Wrestler		Date:
Endorsements		
We endorse this application to allow		
.....(athletes name) to compete		
in the (age & weight Category)		
of the CANBERRA CUP 2013 (event name)		
Parent's signature if athlete is under 18 years of age:	Parent's Name:	
Date:		
Coach's Signature:	Coach's Name:	
Date:		
State President Signature:	State President Name:	
Date:		
Final Approval – Event organizer:		
Event Organizers Signature:	Event organizers name:	
Date:		