

2008 ALL-STAR MEET APPLICATION TO COMPETE

NAME: _____ E-Mail Address: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____ PHONE NUMBER: _____

WEIGHT CLASS: _____ RECORD: _____ AGE: _____

HIGH SCHOOL: _____

HEAD COACH: _____

HEAD COACH PHONE: (DAY) _____ (EVE) _____

I hereby understand that this form is an application to compete in the **GCWCOA All-Star Match**, to be held at Garfield Hts. High School on Friday, March 7, 2008. If I am selected to compete, I agree to participate in the event unless injury or academic standing prevent me from doing so. Furthermore, I agree to abide by the GCWCOA All-Star Match guidelines which include completion of a medical waiver and submission of a biographical information sheet for publicity purposes.

Signature of Wrestler

Wrestlers who are selected to the GCWCOA All-Star Match will be notified as soon as possible following the District Wrestling Tournament. In addition, all selections will be confirmed no later than Sunday, March 2nd, 2008. **All competing wrestlers** will be **guests** of the GCWCOA at the Annual All-Star Banquet, to be held on Wednesday, March 12, 2008. Check with your Coach for details on purchase of additional tickets.

PLEASE RETURN THIS FORM no later than February 24, 2008.

Return to your coach or Fax to John Gramuglia 330-335-0189

IMPORTANT: Wrestlers are only eligible if their coach is a paid member of the GCWCOA!

Website with more details on the banquet and all-star practices:

www.gcwcoa.org