

2010 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 Baldwin-Wallace College on Saturday, March 13, 2010. 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 Monday, March 8th, 2010.

Please Return This Form no later than Sunday, March 7, 2010.

Return to your Coach or Fax to John Wallace @ 440-572-8543

IMPORTANT:

Wrestlers are only eligible if their coach is a paid member of the GCWCOA!
Check our website with more details on the banquet: **www.gcwcoa.org**