

Saskatchewan Wrestling Tournament Hosting Form

APPLICATION INFORMATION		
Club Name:		
Contact Person:		
Address:		
City/Town:	Postal Code:	
Phone Number: H)	B)	Email:
TOURNAMENT INFORMATION		
NAME:		
Tournament Date:		
Tournament Chair:		
Head Official:		
PARTICIPANT INFORMATION: Submitted post tournament for funding		
Athletes		
Coaches		
Officials		
I hereby certify the above information is correct and factual.		
Chairperson's / President's Signature		Date
Saskatchewan Wrestling USE ONLY:		
Approved:	Authorization:	Date:
Payment Date:	Cheque #:	Amount Paid:
Coaches identified	Memberships paid:	RIS Completed

All participants must be current members of Saskatchewan Wrestling at the time of the tournament.