

COLORADO USA WRESTLING
NATIONAL DUALS TEAM
WOMENS DIVISION APPLICATION

CUSAW State Champion _____ **Confirmed by Director** _____ **(circle one)**

Payment Amount: \$ _____ **Check #: _____** Amount included (\$200.00 deposit)

Wrestler's Name	Date of Birth	USAW Card # <i>(must be 2009 card)</i>
Address	City	Zip Code
Home Phone	Work/Cell Phone	Parent/Guardian Name
E-Mail Address		

Wrestling Club Affiliated With	Wrestling Club Coach	Wrestling Club Coach's Phone #
Wrestling Club Address	City	Zip Code
High School	High School Coach	HS Coach's Phone #

Style that you will most likely wrestle: _____ Freestyle _____ Greco-Roman _____ Both

Weight you will most likely wrestle this Spring and Summer: **(Please Circle)**

JUNIOR WOMEN: 95 102 109 116 124 132 139 146 153 165 190 220

Signature: _____