

# Junior High or High School Wrestler MVKWA National Team Donation Application

**Notes:**

1. The possible donation towards the wrestler's USA Wrestling National Team(s) participation could be between \$100-\$400 depending on the number of qualified applicants and the team(s) each is participating on.
2. Wrestler is Eligible for a donation from the MVKWA if the wrestler meets either of these criteria:
  - a. Junior High or High School area wrestler is in is aligned with the area of an MVKWA Youth Wrestling Team.
  - b. Or, wrestler competed for an MVKWA Youth Wrestling Team when wrestling in grades 6 or under.
3. Mail Applications to: Mark Gerhard, 311 Wonderly Ave., Dayton, OH 45419 (or email to: mgerhard@mindspring.com)
4. **Applications Due: June 5, 2018**
5. If you make a team after June 5 via being a petitioner added late to a team, text Mark Gerhard at 937-369-7658 when you make the team with which team and date you made the team . Then mail this application the next day.
6. You will be notified by June 12, 2018 if you are accepted/approved, or the next day after your text if added late (see 5 above).

Wrestler's Name: \_\_\_\_\_

Junior High or High School Team Participated on (2017-2018 Season): \_\_\_\_\_

Grade in School During (2017-2018 Season, circle one): 7 8 9 10 11 12

MVKWA Youth Team(s) Participated on When Wrestling in Grades 6 & Under: \_\_\_\_\_

USA Wrestling-Ohio National Team Participating on (circle all that apply):

- **Duals:** Schoolboys Men's Cadets Men's Junior Women's Cadet Women's Junior
- **Nationals (Fargo):** Men's Cadets Men's Junior Women's Cadet Women's Junior

Write in Weight in each Style where you are Participating on a National Team:

- Duals: Greco: \_\_\_\_\_ Freestyle: \_\_\_\_\_
- Nationals (Fargo): Greco: \_\_\_\_\_ Freestyle: \_\_\_\_\_

If accepted/approved:

- Who to Make the **Check Payable to:** \_\_\_\_\_
- Where to Mail the Check to:
  - **Name:** \_\_\_\_\_
  - **Address:** \_\_\_\_\_

Wrestler's Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Wrestler's Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_