

USA Wrestling Connecticut
COACH/TEAM LEADER STAFF APPLICATION

Name: _____ **USA Wrestling Card #** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Date of Birth:** ____/____/____

E-Mail: _____

USAWCT Member Club you represent: _____

Personal References: (do not list relatives)

Name _____ **Phone** _____

Trips you are interested in: _____

As a: Coach _____ Assistant Coach _____ Team Leader _____

(Bronze Certification is required to be eligible to be a part of the Staff)

On a Separate page, please list additional information, experience or comments: _____

The information contained in this application is true to the best of my knowledge. I recognize my duty to update this application if I become aware that any answer, I have given at this time becomes inaccurate in the future. I authorize any references listed on this application to respond to any inquiries from USA Wrestling Connecticut, Inc. regarding my fitness to work with youth.

Applicant's Signature: _____ **Date:** _____