

APPLICATION FOR OREGON JUNIOR NATIONAL TEAM

This application is to be filled out by anyone wanting to be considered for the Oregon Junior National Wrestling Team (including Regional Qualifiers and State Champions). Applications will not be accepted after April 30th.

Freestyle _____ Greco Roman _____ Both ___

Name: _____

Address: _____

City/Town: _____ Zip: _____

Telephone: _____ E-mail: _____

School/Club: _____

Weight Class Applying for: _____ Date of Birth: _____

USA Wrestling Card Number: _____

T-Shirt Size: S M L XL XXL

Shorts: S M L XL XXL Waist _____

Singlet: S M L XL XXL

Warm-up: S M L XL XXL

Running Shoe: _____ Wrestling Shoe: _____

On the back of this form, please list previous wrestling achievements and/or other factors that would give reason for you to be selected for this team.

1. Return this form to Steve Lander at the tournament site

OR

2. Mail this form, by April 30th to: Steve Lander, Oregon Junior Director, 7459 Roberts Creek Rd., Roseburg, OR 97470