



Saskatchewan Amateur Wrestling Association

510 Cynthia Street
Saskatoon SK S7L 7K7
Phone: (306) 975-0822 Fax: (306) 242-8007
ed@saskwrestling.com / www.saskwrestling.com

2007– 2008 SAWA AFFILIATE CLUB FORM

Please fill out the form in detail completing all the requested areas of information, and return it to
Saskatchewan Amateur Wrestling Association
510 Cynthia Street, Saskatoon, SK, S7L 7K7

Club Name: _____

Contact Person and Title: c/o _____
(i.e. John Doe, President)

Location/Address: _____

City: _____ Postal Code: _____

Phone: (h) _____ (w) _____ Fax: _____ Email: _____

Club Coaches:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ PC: _____

City: _____ PC: _____

Phone: (h) _____ (w) _____

Phone: (h) _____ (w) _____

Fax: _____ Email: _____

Fax: _____ Email: _____

NCCP Certification: _____

NCCP Certification: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ PC: _____

City: _____ PC: _____

Phone: (h) _____ (w) _____

Phone: (h) _____ (w) _____

Fax: _____ Email: _____

Fax: _____ Email: _____

NCCP Certification: _____

NCCP Certification: _____

Affiliation Fee Schedule: Club Membership \$25.00

Date of Application: _____, 20_____.

Submitted by: _____.

***Payment Due with Form**

