



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

2008– 2009 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**

