



Wrestling Australia Ltd

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Application for Approval to compete in a higher age category

Event Name:	
Event Date:	
Athlete Details	
Name:	Address:
Phone Number:	
Competition Experience:	
Signature of Wrestler:	Date:

To be complete by the wrestler's parent/guardian

We endorse this application to allow (athlete name) to compete In the(age and weight class)
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of the.....(event name)

Parent Signature and Name

Coaches Signature and Name

Final Competition Approval

Event Organisers Signature

Date