

Wrestling Australia

ABN 50 711 416 640

Reg 13442Z



Application for Wrestling Australia Endorsement of a Competition

General

Event Name:	
Host Club/Association Name	
Tournament Manager's Name	
Postal Address:	
Primary Tel:	Mobile:
Email:	Fax:

Event Information:

Proposed Date:
Description of event
Venue Details: Name: : Address: Venue phone:
Estimated number of competitors:
Age groups: Schoolage/Cadet/Junior/Senior/All

