

# United States Wrestling Association Clinic

Tournament:

Validate session availability.

Correct where needed.

Verify current year membership.

Revised 2/9/22

Signature of USWOA delegate \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

No.	Name (Print)	State	Category	ID#	Shirt Size	Test Y/N	Current Membership	Session Availability
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

Please take picture of the sign in sheet and email to Jeff Jones (jeffjones99@att.net)

