



USA WRESTLING
2015-2016
GOLD MEDAL CLUB AWARD
APPLICATION



CLUB NAME: _____ STATE: _____

ADDRESS: _____

_____ City _____ State _____ Zip

CLUB PRESIDENT: _____ PHONE: _____

___ **Training:** The club has one coach who has achieved Bronze Level or above certification. Coach (es) name: _____

___ **Organization:** Club has a constitution and bylaws with a minimum of a four person Board of directors.

___ **Age Groups:** Club offers programs for at least three USA Wrestling Age Groups.

Circle: Intermediate Novice Schoolboy Cadet Junior Senior Master

___ **Events:** Club competes in at least three USA Wrestling Sanctioned Events.

1. _____ 2. _____ 3. _____

___ **Membership:** As of this date our USA Wrestling membership has increased by _____ members from the previous year.

___ **State Deadlines:** Deadlines met on Club Charter and membership.

___ **State Association:** Annual membership meeting was attended by at least one club director.

___ **Officials:** Club has at least one USWOA registered official.

I certify that the information on this application is accurate to the best of my knowledge.

Club President: _____ Date : _____
 Signature

**Return this form to: USA Wrestling c/o Marge Civil, 6155 Lehman Drive,
 Colorado Springs, CO 80918 by September 16, 2016 for the 2015-2016 Season.**