

Team Alaska Dual Team Application

Wrestler's Name: _____

Parent completing the form: _____

Contact number: _____

Club Name: _____

Club Head Coach: _____

Select the team you are applying for:

____ HS Boys Turf Wars ____ HS Girls Turf Wars ____ 16U National Duals

____ 14U Boys Turf Wars ____ 14U Girls Turf Wars ____ 12U Turf Wars

Weight class applying for _____

Understand you must show you can make this weight class in may at AUSAW state or a designated weigh in.

Age group and Tier of wrestler applying meets:

____ HS Top Tier ____ 14U Top Tier ____ 14U 2nd Tier

____ 12U Top Tier ____ 12U 2nd Tier ____ 16U Top Tier ____ 16U 2nd Tier

Please write the criteria met by Applicant:

Include the year, event, and placement for criteria.

- Application will not be considered if deposit is not received.
- Checks should be written to Team Alaska.
- Sign and date to acknowledge your understanding of the dual application and selection process

Parent Signature

Wrestler Signature

Date

Date Application Received: _____

Date Deposit Received: _____