

NEW JERSEY WRESTLING OFFICIALS ASSOCIATION

CADET PROGRAM APPLICATION

NAME _____ Date _____

Cell # _____ Home# _____

ADDRESS __ STREET# _____ STREET NAME _____

City _____ county _____ state _____ zip _____

EMAIL (PLEASE PRINT NEATLY) _____

Date Of Birth _month _____ day _____ year Your Age _____

High School _____ CITY _____

WRESTLING EXPERIENCE

1. _____ COACH _____

Medals earned if any (optional) a. _____

b. _____

c. _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF THE 3RD DEGREE OR HIGHER (circle one) Y N

WHAT CHAPTER ARE YOU APPLYING FOR? (CIRCLE ONE) CENTRAL NORTHEAST SHORE

NORTHWEST SOUTHERN SOUTHERN SHORE UNION-ESSEX

PLEASE RETURN YOUR APPLICATION BY OCTOBER 15, 2017, WITH A CHECK OR MONEY Order FOR

\$155.00 PAYABLE TO **NJWOA** SEND APPLICATION TO

MARK SHERMAN

CADET SUPERVISOR COORDINATOR

3 WENDOVER ROAD

DENVILLE, NJ 07834

*NOTE a minimum of 5 1st or 2nd year cadets combined constitutes a class. If there is less than 5 applicants to that chapter you will be eligible to change chapters.

*BY SIGNING THIS APPLICATION YOU VERIFY THAT YOUR INFORMATION IS CORRECT

Your Signature _____

