

GCWOA Membership Information

Name: _____ OHSAA #: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ OHSAA Class: 1 or 2

Date (year) became OHSAA Wrestling Official: _____

Can you work weekday afternoon Jr. High matches? Yes or No

If you belong to other wrestling referee associations, is the GCWOA your reporting Association for meeting attendance? Yes or No

If no, who is your reporting Association? _____

Other phone numbers you may wish us to provide for assigner use:
