

WRESTLING CANADA LUTTE COMMITTEE CANDIDATE FORM

| Name: Address: | | |
|----------------------|---|--|
| Email: Telephone: | | |
| I am intereste | d for the position of (please check, all that apply): | |
| ☐ Coach | es Council – Junior / Senior Level Coach | |
| Coach | es Council – Cadet Level Coach | |
| ☐ Coach | Coaches Council – Grassroots / Development Level Coach | |
| Safe S | Safe Sport Working Group | |
| organizations | | |
| Please provid | e a brief summary of skills or competencies that would contribute to WCL. | |
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| Please indicate why you would be a g | ood choice for this position: |
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| Other materials and / or supporting included for consideration. | g documentation may also be attached and will be |
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| | |
| Date: | Signature: |