



## WRESTLING CANADA LUTTE EXPRESSION OF INTEREST FORM

*Thank you for your interest in being a volunteer with Wrestling Canada Lutte (WCL)!  
Please submit a completed form by email to: [tamara@wrestling.ca](mailto:tamara@wrestling.ca) by noon, September 15, 2020.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Position / Interest:                      Gender Equity Project

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**1. Please indicate your reasons for wanting to volunteer for this project:**

**2. Describe any other knowledge, skills or experience that you feel you will bring to this project:**

**3. Please provide contact information for 2 people who will act as a reference:**

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

