



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 by noon, December 20, 2021.

Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Position / Interest: Strategic Planning Advisory Group

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: _____

