



## 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: [info@wrestling.ca](mailto:info@wrestling.ca).*

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

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

\_\_\_\_\_

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

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

Position / Interest: \_\_\_\_\_

\_\_\_\_\_  
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:

