MYWAY EAST REGION
2025-2026 SEASON NOVICE APPLICATION

Wrestler Name: _____ Years of Experience: _____
Club: _____ Club Coach: _____
Age: _____

2024-2025 Tournament History

If the wrestler competed but did not medal, please mark it as DNP. If the wrestler did not compete in a tournament, please mark that row as N/A

Tournament	Place	# of Wrestlers on Chart

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Parent Comments: _____
_____
_____

Coach's Comments: _____
_____
_____

I, Coach _____ of the _____ Wrestling Club believe that this wrestler is of the skill and ability where it is in the best interests of both the wrestler **and the league** that he be allowed to compete as a Novice for the 2024-25 season

Coaches Signature_____.

Application must be approved prior to being able to register a 2nd year wrestler as a novice. Please email to MYWAYEast@gmail.com . Decisions will be made by a committee of board members appointed, which are final.