

Canadian Arm Wrestling Federation

Referee Application

Seminar Location:	Date of Seminar:
Name of Applicant:	
Address:	
City:	Province:
Postal Code:	Phone:
E-Mail Address:	
Present Level:	Date Received:

Arm Wrestling Experience(years)	Experience as an Organizer(years)
Experience as a Referee(years)	As a Head Referee(years)

List the Last 5 Tournaments you have Refereed

Tournament Name and Place	Date	Type of Tournament Local/Circuit/Provincial/National//International/World	# of Competitors	Referee Report Filed	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

Level Applying For:	Level 1	Level 2	Level 3	Masters
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I hereby certify that the above information is true and correct. I agree to adhere to all Canadian Arm Wrestling Federation rules and regulations. I also agree to follow all World Arm Wrestling Federation rules and regulations when representing Canada at any WAF tournament and to represent myself and my Country in a manner becoming of my position. I understand that failure to do so may result in my being disciplined by the CAWF.

Signature	Amount Received \$
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