

**INDIANA STATE WRESTLING ASSOCIATION, INC.
P.O. BOX 157, BEECH GROVE, IN 46107**

MEMO TO: ALL ISWA CLUBS
FROM: TRINA DOWDEN, MEMBERSHIP DIRECTOR
REGARDING: 2008-2009 ATHLETE REGISTRATION

The 2008-2009 card fee is \$30.00 for all wrestlers --- Pee-Wee through Veteran.

Please read all information regarding **Athlete Registration** procedures. If anything is unclear or you need further explanation please e-mail or call.

Any 2008-2009 ISWA member club (in good standing) may register their athletes and issue membership cards. Note: In order to receive cards to sell to club members...**you must first join or renew your 2008-2009 membership.**

Please select one **(1) person** to be responsible for all registration materials. This will enable me to know who to contact with any and all questions concerning athlete registration.

You will be issuing each wrestler a USAW membership card. This card will be honored at all ISWA tournaments as well as all USA Wrestling sanctioned events throughout the United States. **YOU WILL BE FINANCIALLY RESPONSIBLE FOR ALL USAW CARDS SENT TO YOU.** This system simplifies the entire process for the wrestler but requires more responsibility on the part of the club. --- **The ISWA is required to accept financial responsibility for all membership cards issued to them by the USA Wrestling national office, therefore accuracy is essential on your part. You are required to account for all cards entrusted to you.**

If you wish to register your athletes please complete the "**CARD REQUEST FORM**" and mail or fax it to the office. E-mail requests are also acceptable. If you are emailing, please include all the information appearing on the attached form. Please request only the amount of cards you think you will need.

INDIANA STATE WRESTLING ASSOCIATION, INC.

P.O. BOX 157, Beech Grove IN 46107

OFFICE: 317/780-1885 - FAX: 317/783-4336 - E-MAIL: iswa@sbcglobal.net

2008-2009 USA WRESTLING COMPETITOR'S CARD REQUEST FORM

CLUB: _____

USAW CARDS REQUESTED _____ (Please do not order more than you need).

CLUB REPRESENTATIVE RESPONSIBLE FOR MATERIALS

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DAY PHONE: (____) _____ E-MAIL: _____

SIGNATURE: _____

YOUR SIGNATURE INDICATES THAT YOU AGREE TO ACCEPT FINANCIAL RESPONSIBILITY FOR ALL CARDS ENTRUSTED TO YOU. Return all applications and monies within 14 days of sale.
Note: All voided and unused cards **MUST** be returned by May 15, 2009.