## \*Important Notice\*

This card is an integral part of an official's responsibility. It provides proof of participation and should be filled out after each event during the year. IT MUST BE KEPT ALONG WITH THE CARD FROM THE PREVIOUS YEAR.

It is responsibility of each official to know the criteria required to maintain an achieved ranking. Failure to do so will result in a demotion.

Provincial B officials must have a minimum of 5 events prior to attending a Provincial Championships.

To be considered valid, this card must bear the signature of the Head Official or Clinician at every competition.



## \*Important Notice\*

This card is an integral part of an official's responsibility. It provides proof of participation and should be filled out after each event during the year. IT MUST BE KEPT ALONG WITH THE CARD FROM THE PREVIOUS YEAR.

It is responsibility of each official to know the criteria required to maintain an achieved ranking. Failure to do so will result in a demotion.

Provincial B officials must have a minimum of 5 events prior to attending a Provincial Championships.

To be considered valid, this card must bear the signature of the Head Official or Clinician at every competition.





Name:

## OAWOA Control Card

Rating:\_\_\_\_ Year: \_\_

During this year (Sept.1—Aug.31) I have officiated at the following wrestling				
No	Event	Place	Date Month/Day	Signature of Head Official or Clinician
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Con the second	Fig.
	)

## **OAWOA** Control Card

During this year (Sept.1—Aug.31) I have officiated at the following wrestling events					
No	Event	Place	Date Month/Day	Signature of Head Official or Clinician	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

No	Event	Place	Date Month/Day	Signature of Head Official or Clinician
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

No	Event	Place	Date Month/Day	Signature of Head Official or Clinician
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

No     Event     Place Month/Day     Signature of Head Official or Clinician       11         12         13         14         15         16         17         18         19         20         21         22         23         24         25				
12     13     14     15     16     17     18     19     20     21     22     23     24	No	Event	Place	Head Official
13     14     15     16     17     18     19     20     21     22     23     24	11			
14     15     16     17     18     19     20     21     22     23     24	12			
15     16     17     18     19     20     21     22     23     24	13			
16     17     18     19     20     21     22     23     24	14			
17     18     19     20     21     22     23     24	15			
18   19   20   21   22   23   24	16			
19 20 21 22 23 24 24	17			
20   21   22   23   24	18			
21   22   23   24	19			
22 23 24	20			
23 24	21			
24	22			
	23			
25	24			
	25			

No	Event	Place	Date Month/Day	Signature of Head Official or Clinician
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				