



**Ohio High School Wrestling Coaches' Association**  
**www.ohswca.com**

**O.H.S.W.C.A. Enrollment Form**  
**Dues \$20.00**

Membership is required for consideration for:

- *Coach of the Year Award*
- *Student Scholarships*
- *Academic All-Ohio*

Name: \_\_\_\_\_ Applicable HS Name \_\_\_\_\_

Position (circle): HS head coach      HS assistant coach      MS head coach

MS assistant coach      Athletic Director      Administrator

Other: \_\_\_\_\_

School name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School phone: \_\_\_\_/\_\_\_\_ Cell phone: \_\_\_\_/\_\_\_\_

Best email: \_\_\_\_\_

Return to: Troy Roth, 13363-J35, Montpelier, OH 43543  
*Please make checks payable to OHSWCA*

\_\_\_\_ Check    \_\_\_\_ Cash    \_\_\_\_ Paid