



WRESTLING USA MAGAZINE

All-American Nomination Form

PLEASE ATTACH A
COLOR PHOTO
HEAD SHOT
(No Action Shots)

(Please Print or Type)

Wrestler's Name _____

State _____ Coach _____

Club Address: _____

City _____ State _____ Zip _____

CAREER RECORD (High School Varsity only)

Interscholastic _____ Pins _____ Freestyle _____ Greco _____

Undefeated Seasons (No) _____ Season Record _____

PERSONAL INFORMATION

GPA _____ COLLEGE PLANS (School) _____ What is the School's GPA Scale? A= _____

College Major _____

WRESTLING INFORMATION (Interscholastic Only) Weight Class (Sr. Yr) _____ School Enrollment _____

School's State Classification _____ No. Classification in State _____ No. Schools in Classification _____

State Places and Years - First (No) _____ (Yrs) _____ Seconds (No) _____ (Yrs) _____

Thirds (No) _____ (Yrs) _____ Fourth (No) _____ (Yrs) _____ Fifths (No) _____ (Yrs) _____

Tournament Championships, Including State Series (career) _____

Honors _____ Honors _____

WRESTLING INFORMATION FREESTYLE & GRECO. List all titles or places and honors on either a State or National Level (AAU, USWF, Exchanges, etc) and give year.

1. _____

2. _____

3. _____

ADDITIONAL INFORMATION List All Honors in Other Sports (e.g., All-State Football), Student Government (e.g. Student Body Pres), and Other Organizations (Natl. Honor Society, etc.)

1. _____

2. _____

3. _____

MUST BE SIGNED BY COACH

1. SENIORS ONLY ARE ELIGIBLE
2. MUST BE SIGNED BY COACH
3. PLEASE PRINT OR TYPE
4. ATTACH ALL ADDITIONAL INFORMATION OR ENDORSEMENTS TO THE BACK OF THIS FORM.

Wrestling Coach

Printed Name

School

Title

Note: Nominations which lack information, signatures, or photos will not be accepted. Any section of this form which does not apply to the candidate should be marked NA (not applicable).

ENTRY DEADLINE APRIL 1

MAIL THIS FORM TO:

**Dan Fickel, 10757 Woodrun Dr.
Strongsville, OH 44136**