



**Thank you for your interest in becoming a wrestling official. This class is the first step to becoming a licensed wrestling official by the Ohio High School Athletic Association. Whether you want to simply learn more about the rules of the sport or want to jump right into the action, you have found the starting point.**

**The classroom portion will prepare you for the rules exam and the mechanics portion will give you practical hands-on instruction preparing you for the mat. After passing the exam you will be a class 2 official and able to officiate all non-varsity matches. Based on your performance and comfort, you control what matches you would like to accept.**

**Also, as a new official you will have opportunities to grow through a mentoring program offered by veteran officials in our association. This key step will build confidence in your calls, develop friendships and give you the necessary feedback to excel at the higher levels of officiating.**

**Thank you and good luck.**

**-The SOWOA Instructors**

# Southwestern Ohio Wrestling Officials Association

## New Officials Training Class 2011-2012

Attendance at the following sessions is *mandatory* to pass the class:

Monday, October 17	Class 5:00 – 8:15
Wednesday, October 19	Class 5:00 – 8:15
Monday, October 24	Class 5:00 – 8:15
Monday, November 7	Class 5:00 – 8:15
Monday, November 14	Class 5:00 – 8:15
Saturday, December 3	On the mat training – TBA
Monday, December 5	Class 5:00 – 8:15
Monday, December 12	Class 5:00 – 8:15

Class location is Stebbins High School, 1900 Harshman Road, Dayton, OH 45424

Cost of this course is \$125 due the first day of class. This fee includes the course books, exam fees, OHSAA license and SOWOA dues for one year. Also for first year officials, we provide on the mat training opening weekend of the season as well as a mentoring program. Participation in both of these is highly encouraged.

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Please fill out the following information and mail to: Bruce Doll, 7154 Cronk Drive, Huber Heights, OH 45424

Please print an additional copy for your records.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently an OHSAA official? \_\_\_\_\_ License #: \_\_\_\_\_