

# THE GUILLOTINE

## Academic All-State Wrestler Official Nomination Form

Please fill out (neatly) and return by **April 10th**. Must be filled out **completely**. Include photo. No Late Entries.

Wrestler \_\_\_\_\_ Grade  11th  12th

Wrestler's School \_\_\_\_\_

School Mailing Address \_\_\_\_\_

<u>Grade</u>	<u>State Place</u>	<u>Section Place</u>	<u>Weight</u>
12th	_____	_____	_____
11th	_____	_____	_____
10th	_____	_____	_____
9th	_____	_____	_____
8th	_____	_____	_____
7th	_____	_____	_____

<p align="center"><b>9th Grade to Present GPA</b></p> <p>Cumulative H.S. GPA _____ (Must be 3.0 or higher on a 4.0 scale, 4.0 is maximum GPA)</p> <p align="center"><b>Current Season Record</b></p> <p>Wins _____ Losses _____ (Minimum of 15 Varsity matches and won at least 60%)</p>
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Varsity Career Record: \_\_\_\_\_ - \_\_\_\_\_ Pins: \_\_\_\_\_

**Wrestling, academic, and other honors:**

**Future plans (wrestling and non-wrestling):**

*If additional room is needed please use a separate sheet of paper.*

Parents' Names \_\_\_\_\_ Phone # \_\_\_\_\_

Coach's Name \_\_\_\_\_ Coach's Phone # \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Head Coach Signature - **Required** (verifying wrestling records)      Academic Administration Signature - **Required** (verifying GPA)

Mail to: **The Guillotine**  
**PO Box 16006**  
**St Louis Park MN 55416**

Fax: 612-605-0159  
info@theguillotine.com

**Remember to include a photo!**  
Please photocopy if more copies are needed.