

**Administrative Documents
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http://www.geocities.com/qwoa

Q.W.O.A. HEAD OFFICIALS TOURNAMENT PARTICIPATION REPORT

Tournament: _____
 Location: _____
 Organization: _____
 Head Official: _____
 Clinician: _____
 Manager: _____

Date: _____

Legend:

P-NB: Paired the night before.
 Ch: Charge for this Pairing Master?
 OOP: Official is from out of province.

Level of Tournament: **A** **B** **C**

No. of Mats: _____

Referees Required: **3** **2** **1**

Number of Officials

| Name | OOP? | Rank | Level of Participation | | | | | Pay |
|-----------|--------------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | | | Travel | 1/4 | 1/2 | 3/4 | Full | |
| 1) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 12) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 13) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 14) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 15) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 16) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 17) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | | | Total: | | | | | _____ |

Number of Pairing Masters

| Name | OOP? | Rank | Ch | P-NB | Level of Participation | | | | Pay |
|----------|--------------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | | | | | 1/4 | 1/2 | 3/4 | Full Trvl | |
| 1) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7) _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | | | Total: | | | | | | _____ |

Pairing Classification

Pairing Night Prior: _____ x _____ x \$12.50 = _____
 (# of hours) (100s of athletes)

Tournament Charge = _____

Invoice # _____



Q.W.O.A. CLINICIANS TOURNAMENT REPORT

<http://www.geocities.com/qwoa>

Clinician: _____

Tournament: _____

Level of Tournament: A B C

Date: ____ / ____ / ____

Number of Mats: ____

| <u>Referees Name</u> | <u>Current Grade</u> | <u>Suggested Improvements</u> | <u>Proposed Grade</u> |
|------------------------------|--------------------------|-----------------------------------|---------------------------|
| 1) _____ | _____ | | _____ |
| 2) _____ | _____ | | _____ |
| 3) _____ | _____ | | _____ |
| 4) _____ | _____ | | _____ |
| 5) _____ | _____ | | _____ |
| 6) _____ | _____ | | _____ |
| 7) _____ | _____ | | _____ |
| 8) _____ | _____ | | _____ |
| 9) _____ | _____ | | _____ |
| 10) _____ | _____ | | _____ |
| <u>Tournament Evaluation</u> | | | |

Clinician: _____

Signature: _____



<http://www.geocities.com/qwoa>

Q.W.O.A. Incident / Accident Report

Head Official

Name of Official(s)

- 1) _____
- 2) _____
- 3) _____

Date: ___ / ___ / ___

Time: _____

Tournament: _____

Name of Offender or Victim

- 1) _____
- 2) _____
- 3) _____
- 4) _____

| Incident # | Time | Details |
|------------|------|---------|
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Head Official Signature: _____ Chairman: _____

Referee: _____ Judge: _____



Quebec Olympic Wrestling Federation Fédération de Lutte Olympique du Québec

| | | | | | | |
|------------------------------------|------------------------------|---------------|----------------|----------------------------------|--------------|---|
| Weight Class Catégorie de poids | Age Group Catégorie d'âge | Round Tour | Style Style | Match number Numéro de combat | Mat Tapis | Match may not start before Match ne peut pas commencer avant |
|------------------------------------|------------------------------|---------------|----------------|----------------------------------|--------------|---|

| | | |
|----------------------------------|--------------------|---------------|
| Mat Chairperson Chef de tapis | Referee Arbitre | Judge Juge |
|----------------------------------|--------------------|---------------|

| RED - ROUGE | | | |
|---|--|--|----------------|
| Name Nom | | | |
| Team Équipe | | | |
| Period Période | TECHNICAL POINTS - POINTS TECHNIQUES | Time Temps | Total Total |
| 1ST 1ÈRE | | | |
| 30" BREAK - PAUSE 30" | | | |
| 2ND 2ÈME | | | |
| 30" BREAK - PAUSE 30" | | | |
| 3RD 3ÈME | | | |
| X | | | |
| Injury Time (2 min) Arrêt dû à la blessure | Blood Time (3 min) Arrêt pour le sang | TOTAL TECHNICAL POINTS RED POINTS TECHNIQUES TOTALS ROUGE | |

*Cross out
the loser*

*Biffer
le perdant*

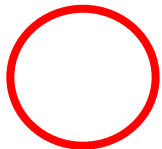
| BLUE - BLEU | | | |
|---|--|--|----------------|
| Name Nom | | | |
| Team Équipe | | | |
| Period Période | TECHNICAL POINTS - POINTS TECHNIQUES | Time Temps | Total Total |
| 1ST 1ÈRE | | | |
| 30" BREAK - PAUSE 30" | | | |
| 2ND 2ÈME | | | |
| 30" BREAK - PAUSE 30" | | | |
| 3RD 3ÈME | | | |
| X | | | |
| Injury Time (2 min) Arrêt dû à la blessure | Blood Time (3 min) Arrêt pour le sang | TOTAL TECHNICAL POINTS BLUE POINTS TECHNIQUES TOTALS BLEU | |

| | |
|----------------------------|--|
| Winner Vainqueur | |
|----------------------------|--|

| | | | |
|--|-------|-------|--|
| Fall Tomber | PIN | 5 - 0 | |
| Great Superiority - (diff >=6 pts) loser with 0 points Grd supériorité - (diff >=6 pts) perdant pas de points | GS-0 | 4 - 0 | |
| Great Superiority - (diff >=6 pts) loser scores points Grd supériorité - (diff >=6 pts) perdant marque des points | GS | 4 - 1 | |
| Decision by points - loser without technical points Victoire aux points - perdant sans points techniques | DEC-0 | 3 - 0 | |
| Decision by points - loser scores technical points Victoire aux points - perdant marque des points techniques | DEC | 3 - 1 | |
| Forfeit from match Abandon de match | FOR | 5 - 0 | |

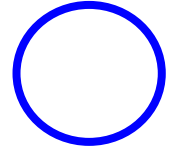
| | | | |
|--|-------|-------|--|
| Injury Accident | INJ | 5 - 0 | |
| Withdrawal from tournament Retrait de tournois | WDL | 5 - 0 | |
| 3 Cautions "0" due to error in rules (for all the bout) 3 Avertissements "0" pour faute contre les règles sur le match | CAUT | 5 - 0 | |
| Disqualification from the competition Disqualification de toute la compétition | DIS-C | 5 - 0 | |
| Disqualification from the match Disqualification de la match | DIS-M | 5 - 0 | |
| Both wrestlers disqualified for infringement of the rules Les deux lutteurs sont disqualifiés pour violation des règles | DDIS | 0 - 0 | |

CLASSIFICATION POINTS - POINTS DE CLASSEMENT



Remarks
Observations

Signature



Time of day at the end of the match
L'heure au fin du combat



Quebec Olympic Wrestling Federation Fédération de Lutte Olympique du Québec

| | | | | | | |
|------------------------------------|------------------------------|---------------|----------------|----------------------------------|--------------|--|
| Weight Class Catégorie de poids | Age Group Catégorie d'âge | Round Tour | Style Style | Match number Numéro de combat | Mat Tapis | Match may not start before Match ne peut pas commencer avant |
|------------------------------------|------------------------------|---------------|----------------|----------------------------------|--------------|--|

| | | |
|----------------------------------|--------------------|---------------|
| Mat Chairperson Chef de tapis | Referee Arbitre | Judge Juge |
|----------------------------------|--------------------|---------------|

| RED - ROUGE | | | |
|---|--|--|-------|
| Name Nom | | | |
| Team Équipe | | | |
| Period Période | TECHNICAL POINTS - POINTS TECHNIQUES | Time Temps | Total |
| 1ST 1ÈRE | | | |
| 30" BREAK - PAUSE 30" | | | |
| 2ND 2ÈME | | | |
| 30" BREAK - PAUSE 30" | | | |
| 3RD 3ÈME | | | |
| Injury Time (2 min) Arrêt dû à la blessure | Blood Time (3 min) Arrêt pour le sang | TOTAL TECHNICAL POINTS RED POINTS TECHNIQUES TOTALS ROUGE | |

*Cross out
the loser*



*Biffer
le perdant*

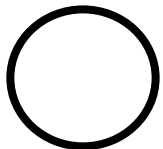
| BLUE - BLEU | | | |
|---|--|--|-------|
| Name Nom | | | |
| Team Équipe | | | |
| Period Période | TECHNICAL POINTS - POINTS TECHNIQUES | Time Temps | Total |
| 1ST 1ÈRE | | | |
| 30" BREAK - PAUSE 30" | | | |
| 2ND 2ÈME | | | |
| 30" BREAK - PAUSE 30" | | | |
| 3RD 3ÈME | | | |
| Injury Time (2 min) Arrêt dû à la blessure | Blood Time (3 min) Arrêt pour le sang | TOTAL TECHNICAL POINTS BLUE POINTS TECHNIQUES TOTALS BLEU | |

| |
|-----------------------------|
| Winner Vainqueur |
|-----------------------------|

| | | | |
|--|-------|-------|--|
| Fall Tomber | PIN | 5 - 0 | |
| Great Superiority - (diff >=6 pts) loser with 0 points Grd supériorité - (diff >=6 pts) perdant pas de points | GS-0 | 4 - 0 | |
| Great Superiority - (diff >=6 pts) loser scores points Grd supériorité - (diff >=6 pts) perdant marque des points | GS | 4 - 1 | |
| Decision by points - loser without technical points Victoire aux points - perdant sans points techniques | DEC-0 | 3 - 0 | |
| Decision by points - loser scores technical points Victoire aux points - perdant marque des points techniques | DEC | 3 - 1 | |
| Forfeit from match Abandon de match | FOR | 5 - 0 | |

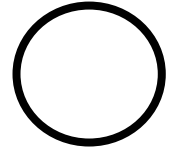
| | | | |
|--|-------|-------|--|
| Injury Accident | INJ | 5 - 0 | |
| Withdrawal from tournament Retrait de tournois | WDL | 5 - 0 | |
| 3 Cautions "0" due to error in rules (for all the bout) 3 Avertissements "0" pour faute contre les règles sur le match | CAUT | 5 - 0 | |
| Disqualification from the competition Disqualification de toute la compétition | DIS-C | 5 - 0 | |
| Disqualification from the match Disqualification de la match | DIS-M | 5 - 0 | |
| Both wrestlers disqualified for infringement of the rules Les deux lutteurs sont disqualifiés pour violation des règles | DDIS | 0 - 0 | |

CLASSIFICATION POINTS - POINTS DE CLASSEMENT



Remarks
Observations

Signature



Time of day at the end of the match
L'heure au fin du combat



Quebec Wrestling Officials Association Rating Form

<http://www.geocities.com/qwoa>

Officials Name: _____ Current Rating: _____
 Tournament: _____ Date: _____
 Rated by: _____ Clinician: _____

A = Quebec A B = Quebec B C = Quebec C Asp = Quebec Aspirant

POINT SCORING

Comments

1 POINT A B C Asp

2 POINTS A B C Asp

3 POINTS A B C Asp

5 POINTS A B C Asp

PASSIVITY A B C Asp
 (recognition, warn offender,
 timing delivery)

OUT OF BOUNDS A B C Asp
 (recognition, position,
 fleeing the mat)

MAT POSITIONING A B C Asp
 (movement on mat,
 anticipation, looking for
 the fall)

CONTROL OF MATCH A B C Asp
 (judgment calls, hand signals,
 confidence)

OFFICIATING TEAM A B C Asp
 (referee, judge & chairperson
 communication)

COMMENTS - RECOMMENDATIONS _____

RECOMMENDED RATING: A B C Asp



Quebec Wrestling Officials Association Rating Form

<http://www.geocities.com/qwoa>

Officials Name: _____ Current Rating: _____
Tournament: _____ Date: _____
Rated by: _____ Clinician: _____

A = Quebec A B = Quebec B C = Quebec C Asp = Quebec Aspirant

1 = lowest, 10 = highest

Comments

POINT SCORING

(1 - 2 - 3 - 5)

PASSIVITY

(recognition, warn offender,
timing delivery)

OUT OF BOUNDS

(recognition, position,
fleeing the mat)

MAT POSITIONING

(movement on mat,
anticipation, looking for
the fall)

CONTROL OF MATCH

(judgment calls, hand signals,
confidence)

OFFICIATING TEAM

(referee, judge & chairperson
communication)

EYE CONTACT

(referee, judge)

COMMENTS - RECOMMENDATIONS _____

RECOMMENDED RATING: A B C Asp



Quebec Wrestling Officials Association Rating Form

<http://www.geocities.com/qwoa>

Officials Name: _____ Current Rating: _____
 Tournament: _____ Date: _____
 Rated by: _____ Clinician : _____

A = Quebec A B = Quebec B C = Quebec C Asp = Quebec Aspirant

POINT SCORING

Comments

1 POINT A B C Asp _____

2 POINTS A B C Asp _____

3 POINTS A B C Asp _____

5 POINTS A B C Asp _____

PASSIVITY A B C Asp _____
 (recognition, warn offender,
 timing delivery)

OUT OF BOUNDS A B C Asp _____
 (recognition, position,
 fleeing the mat)

MAT POSITIONING A B C Asp _____
 (movement on mat,
 anticipation, looking for
 the fall)

CONTROL OF MATCH A B C Asp _____
 (judgment calls, hand signals,
 confidence)

OFFICIATING TEAM A B C Asp _____
 (referee, judge & chairperson
 communication)

COMMENTS - RECOMMENDATIONS _____

RECOMMENDED RATING: A B C Asp



Quebec Wrestling Officials Association Rating Form

<http://www.geocities.com/qwoa>

Officials Name: _____ Current Rating: _____

Tournament: _____ Date: _____

Rated by: _____ Clinician : _____

A = Quebec A

B = Quebec B

C = Quebec C

Asp = Quebec Aspirant

1 = lowest, 10 = highest

Comments

POINT SCORING

(1 - 2 - 3 - 5)

PASSIVITY

(recognition, warn offender,
timing delivery)

OUT OF BOUNDS

(recognition, position,
fleeing the mat)

MAT POSITIONING

(movement on mat,
anticipation, looking for
the fall)

CONTROL OF MATCH

(judgment calls, hand signals,
confidence)

OFFICIATING TEAM

(referee, judge & chairperson
communication)

EYE CONTACT

(referee, judge)

COMMENTS - RECOMMENDATIONS _____

RECOMMENDED RATING: A B C Asp