# WRESTLING HOMESITE WEIGH-IN FORM

## A COPY OF THIS FORM MUST BE PRESENTED TO THE OPPOSING COACH/ TOURNAMENT DIRECTOR - PRIOR TO COMPETITION

SCHOOL

TOWN

### **TYPE OF COMPETITION:**

(Dual, Double-Dual, Triple-Dual, Tournament)

## Other teams involved

<u>1.</u>	6.	<u>11.</u>
2.	7.	<u>12.</u>
3	8	13.
4.	9.	14.
5	10.	<u>15.</u>

WEIGHT CLASS	NAME OF CONTESTANT (Write ONE name in each space below—use additional forms if necessary)	Actual Weight at time of weigh-in	GRADE

HOME-SCHOOL WEIGH-IN		SITE WEIGH-IN				
Principal, Administrator or Athletic Director		Weigh-In Supervisor				
Wrestling Coach		Home Coach	Visiting Coach			
Time of Weigh-In	Month / Day / Year	Time of Weigh-In	Month/Day/Year			

#### THIS FORM MAY BE REPRODUCED—RETAIN FOR YOUR SCHOOL USE ONLY