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

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

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