

WRESTLING WEIGH-IN DOCUMENTATION FORM

(Duplicate this form as necessary)

California Interscholastic Federation
Central Coast Section

Governance of H.S. Athletic Programs
from San Francisco to King City

SCHOOL NAME _____

LEAGUE _____

SUBMIT THIS FORM TO THE MEET DIRECTOR AT YOUR LEAGUE MEET

WRESTLER'S NAME: _____

Coach's Name: _____

Coach's Work Phone: _____

Coach's Home Phone: _____ **e-mail** _____

WEIGH IN RECORD

<u>DATE</u>	<u>MATCH</u>	<u>EXACT WEIGH-IN WEIGHT</u>	<u>WEIGHMASTER</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____
21. _____	_____	_____	_____
22. _____	_____	_____	_____
23. _____	_____	_____	_____