Weigh In Form

Event: Home School_____ vs Visiting School _____

Home Team: _____ Event Start Date: _____ Printed Date: _____

Exact weights must be recorded on this sheet

Name	Weigh in Date	Exact Weight	Target Weight	Minimum Weight	Maximum Weight

Home Coach Name (Printed):

Opposing Coach or Tournament Director Name (Printed):

Home Coach Signature:

Opposing Coach or Tournament Director Name (Printed):

Head Official (Printed):

Head Official Signature: