



New York State Public High School Athletic Association

DUAL MEET WEIGH-IN SHEET

EXACT WEIGHT MUST BE RECORDED FOR BOTH A.M. AND P.M.

MAKE 3 COPIES: 1 FOR HOME COACH, 1 FOR OPPOSING COACH, 1 FOR THE SCORE TABLE

COACHES: KEEP THESE SHEETS ON FILE FOR POST-SEASON WT. VERIFICATIONS

HOME TEAM _____ OPPONENT _____ DATE: _____

All wrestlers listed are eligible to wrestle in this dual meet, they have made weight and have been cleared of any injury or skin rash.

SIGNATURE:

SIGNATURE:

Wt. Allowance _____

Coach _____ Athletic Director or School Representative * _____

* - The school rep. must be the person who actually conducts the weigh-in. They cannot be a member of the school's wrestling staff.

Weight	Circle, *, or Highlight 7/8 th graders Wrestler	Cert Wt	AM	PM	S K I N
102					
110					
118					
126					
132					
138					
145					

Weight	Circle, *, or Highlight 7/8 th graders Wrestler	Cert Wt	AM	PM	S K I N
152					
160					
172					
189					
215					
285					