

WHSAA OFFICIAL WEIGH-IN FORM

School: _____

Opponent/Tournament _____

<u>Weight Class</u>	<u>Actual Weight</u>	<u>Wrestler's Name</u>	<u>Medical/Skin Check</u> (pass/did not pass)
106			
106			
113			
113			
120			
120			
126			
126			
132			
132			
138			
138			
145			
145			
152			
152			
160			
160			
170			
170			
182			
182			
195			
195			
220			
220			
285			
285			
Extras Below			

Weigh-in time _____ Skin check certified by _____

Certified by Coach: _____ Administrator/Official _____
(name) (name)

THIS FORM IS TO BE COMPLETED FOR EACH REGULAR SEASON WEIGH-IN OPPORTUNITY