

GEORGIA HIGH SCHOOL ASSOCIATION
P.O. Box 271
Thomaston, Georgia 30286
706-647-7473
Fax: 706-647-2638

STATE TRADITIONAL WRESTLING TOURNAMENT
Roster of Team Admissions

This form must be submitted to the GHSA Office by **NOON, Wednesday, February 15, 2012.**

SCHOOL: _____ AREA/CLASS: _____

Head Coach: _____ Sectional Assignment: _____

Assistant Coaches - List all assistant coaches, including Community Coaches.
(Do not list middle school coaches, trainers, chaperones, etc. These individuals **are not eligible** for free admission and/or passes)

Total number of wrestlers qualified for the Traditional Tournament: _____
(Alternates are not to be included – alternates are not eligible for free admission)

Managers / Mat Maids: (Maximum of (2) two)

Trainer: (Adult – ATC, EMT, etc.) _____

Bus Driver: _____

I verify this is a true listing of personnel for admissions to the State Wrestling Tournament.

(Signature – Principal)