

TERRE HAUTE NORTHSIDE WRESTLING WEIGH-IN FORM

This is the only form to be accepted for this event
Be sure to list the Club Name and Contact on each page

CLUB NAME:

CONTACT:

PHONE:

Date of Birth_____ Grade_____ USAW#_____

Name_____

Address_____ City_____

State_____ ZIP_____ Phone(_____)_____

Age Division_____ Actual Weight_____

If there is no one in your weight class do you wish to move up?_yes _____ no_____

Date of Birth_____ Grade_____ USAW#_____

Name_____

Address_____ City_____

State_____ ZIP_____ Phone(_____)_____

Age Division_____ Actual Weight_____

If there is no one in your weight class do you wish to move up?_yes _____ no_____

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Name_____

Address_____ City_____

State_____ ZIP_____ Phone(_____)_____

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