

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, Tuesday, February 19, 2008.

SCHOOL: _____ CLASSIFICATION: _____

Head Coach: _____

Assistant Coaches:
(List all coaches, including Community Coaches. Do not listing trainers, chaperones, etc.)

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)