

**Deadline: Noon, Wednesday February 10**

**GEORGIA HIGH SCHOOL ASSOCIATION  
STATE TRADITIONAL WRESTLING TOURNAMENT  
ROSTER OF TEAM ADMISSIONS**

**\*\*This form must be submitted to the GHSA office by NOON on the date specified above.\*\***

**SCHOOL:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**HEAD COACH:** \_\_\_\_\_

**Wrestling Coaches: list ONLY high school assistant coaches, including community coaches. DO NOT list middle school coaches, administrators, chaperones, etc. These individuals are not eligible for free admission and/or floor passes.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Qualified Wrestlers (Do not include alternates, they are not eligible for free admission):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Managers / Mat Maids: (Max = 2)**

\_\_\_\_\_

**Trainer (One, Adult only; ATC, EMT, etc.)** \_\_\_\_\_

**Bus Driver (not eligible for floor pass):** \_\_\_\_\_

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

\_\_\_\_\_  
**Principal Signature**

**GHSA: dtallini@ghsa.net/706-647-2638 fax**