

Deadline: Noon, Wednesday February 11

**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: 706 647-7473; 706 647-2638 FAX