

Georgia High School Association Weigh-In Report

Date **xx/xx/xxxx**

School Name		Opponent:		Weigh In Date:		
Weight Class	Wrestler	Eligible Wt. Class	Wt. Loss Plan	Actual Weight	Last Official Weigh In	
113	AAA	113, 120	108.2	_____	01/01/xxxx	0.00
120	BBB	120, 126	118.0	_____	01/01/xxxx	0.00
126	CCC	126, 132	124.6	_____	01/01/xxxx	0.00
132	DDD	132, 138	131.0	_____	01/01/xxxx	0.00
138	EEE	138, 144	135.8	_____	01/01/xxxx	0.00
144	FFF	144, 150	143.6	_____	01/01/xxxx	0.00
150						
...						
...						
...						
...						
...						
285	NNN	285	280.5	_____	01/01/xxxx	0.00

Coach Name **(printed)**: _____Opposing Coach or
TD Name **(printed)**: _____

Coach Signature: _____

Opposing Coach or
TD Signature: _____Head Official Name **(printed)**: _____

Head Official Signature: _____

****This report is to be generated by each school for each wrestling competition. The head referee must verify the date of the competition and opposing coaches will exchange this report before each competition.**

(Actual form must be generated from www.trackwrestling.com)