

Deadline: February 12, 2014

**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: _____ AREA/CLASS: _____

HEAD COACH: _____ Sectional Assignment: _____

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

Total number of wrestlers qualified of the Traditional Tournament _____
(Alternates are not to be included-alternates are not eligible for free admission).

Managers / Mat Maids: (Max = 2)

--	--

Trainer (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/Athletic Director Signature

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