

Brooks Monfore Heart of a Champion Off-Site Weigh-in Sheet



Team: _____

Coach: _____ **Cell Number:** _____

<i>Wrestler Name</i>	<i>Division</i>	<i>Weight Class</i>	<i>Actual Weight</i>
1.			
2.			
3.			
4.			
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16.			
17.			
18.			
19.			
20.			

Certifying Official Title: _____ Signature: _____

Date: _____ Time: _____

Submission Instruction:

The designated team officials (coach/athletic director) should email a copy or image of this form to the address below. Please include the team name in the header of the email for effective tracking of off-site weigh-ins. Send completed forms to Governorwrestling@outlook.com