

TEAM WRESTLING TOURNAMENT MEET ROSTER

Schools will PRINT & BRING three (3) copies to the event:

1st copy - Retain, 2nd copy - 1ST OPPONENT, 3rd copy - 2ND OPPONENT



_____ High School enters the wrestlers named on this Roster to compete in the MHSAA Team Wrestling _____ District, _____ Regional, _____ Quarterfinal / Semifinal / Final Meet.

Date: _____ Site: _____

ALL NAMES LISTED ON THE MEET ROSTER MUST APPEAR ON THE MASTER ELIGIBILITY FORM AND THE ALPHA MASTER IN ORDER TO WRESTLE IN THE TEAM TOURNAMENT. A WRESTLER IS NOT REQUIRED TO HAVE A RECORD TO PARTICIPATE IN THE TEAM TOURNAMENT SERIES.

1. PRINT names
2. Meet Roster MUST be submitted to the tournament manager BEFORE weigh-ins begin
3. Up to **28** wrestlers may be entered
4. No changes or additions are permitted after the Meet Roster is submitted to the tournament manager
5. **Ref Init** = *Initials of the Referee that completed the wrestlers inspection*
6. **Alpha Weight** = *This is the lowest weight class allowed as determined by TrackWrestling and the OPC program.*
7. **SCR or "Scratch" Weight** = *The date your wrestler made "scratch" weight for the weight they intend to compete at for this event.*
8. **Actual Weight** = *The Weigh-In Supervisor shall record the **ACTUAL WEIGHT** at the time of weigh-in in order to utilize Rule 4-4-2*

	REF INIT	WRESTLER NAME	ALPHA WEIGHT	SCR WEIGHT	ACTUAL WEIGHT		REF INIT	WRESTLER NAME	ALPHA WEIGHT	SCR WEIGHT	ACTUAL WEIGHT
1						15					
2						16					
3						17					
4						18					
5						19					
6						20					
7						21					
8						22					
9						23					
10						24					
11						25					
12						26					
13						27					
14						28					

I CERTIFY THIS ROSTER TO BE COMPLETE & ACCURATE

RECEIVED BY MANAGER AS REQUIRED

COACH'S SIGNATURE _____

DATE _____

OFFICIAL / WEIGH-IN SUPERVISOR SIGNATURE _____

DATE _____



COACHES MUST SUBMIT A TEAM TOURNAMENT MEET ROSTER AT THE TEAM DISTRICT, TEAM REGIONAL AND TEAM QUARTERFINAL / TEAM SEMIFINAL / FINAL EVENT.