

DIAA WRESTLING WEIGH-IN VERIFICATION

VISITING TEAM _____ HOME TEAM _____

	106/NAME	ACT WT	APP WT	113/NAME	ACT WT	APP WT	120/NAME	ACT WT	APP WT
V									
V									
V									
H									
H									
H									

	126/NAME	ACT WT	APP WT	132/NAME	ACT WT	APP WT	138/NAME	ACT WT	APP WT
V									
V									
V									
H									
H									
H									

	145/NAME	ACT WT	APP WT	152/NAME	ACT WT	APP WT	160/NAME	ACT WT	APP WT
V									
V									
V									
H									
H									
H									

	170/NAME	ACT WT	APP WT	182/NAME	ACT WT	APP WT	195/NAME	ACT WT	APP WT
V									
V									
V									
H									
H									
H									

	220/NAME	ACT WT	APP WT	285/NAME	ACT WT	APP WT		
V								
V								
V								
H								
H								
H								

WEIGHT CHECKED & CERTIFIED BY: _____ **DATE OF MATCH** _____

Signature Visiting Coach _____

Signature Home Coach _____

Time Weigh-in Began _____

Time Weigh-in Ended _____