

MAT OFFICIALS SIGN-IN SHEET – 2018.2019

Please print legibly

TOURNAMENT: _____ DATE: _____

Name _____ Address: _____
City _____ Zip _____ Phone _____ D.O. B _____
E-mail _____ Section _____ Rank _____ Shirt Size _____
(if under 18)

I will work the following state tournaments (please check)

ISWA Freestyle State (May 4th) Greco-Roman State (May 5th)

Name _____ Address: _____
City _____ Zip _____ Phone _____ D.O. B _____
E-mail _____ Section _____ Rank _____ Shirt Size _____
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*Please have all mat officials working your event fill out the enclosed sheet. (You will need to make copies.)
Return the completed forms in the envelope provided to: ISWA, P.O. BOX 157, BEECH GROVE, IN 46107
Or email to iswa@sbcglobal.net*