

WRESTLING ROSTER

SCHOOL _____

VARSITY COACH _____ B-TEAM COACH _____

HOLIDAY TOURNAMENT SCHEDULE:

NAME AND DATES _____

NAME AND DATES _____

NAME	CHECK IF RETURNING STARTER	YEAR	HT	WT	WEIGHT CLASS	CHECK IF COLLEGE PROSPECT

RETURN TO: CHRIS CHILTON, ATHLETIC DEPARTMENT, EAST DEKALB CAMPUS. FAX 678-676-1829 OR BY E-MAIL