Minnesota State High School League

Wrestling Weigh-In Certification Form

SCHOOL:_____

	Wrestler's Name	Certified Weight	Date	Weight	Official's Initials	Date	Weight	Official's Initials	Date	Weight	Official's Initials
103											
112											
119											
125											
130											
135											
140											
145											
152											
160											
171											
189											
Hwt.											
Alt.											
Alt.											
Alt.											

Section/State Weight Certification Form

School _____

Meets since Jan. 15												
Weight Allowance?		**0 +1 +2**	**0 +1 +2**	**0 +1 +2**	**0 +1 +2**	**0 +1 +2**	**0 +1 +2**	**0 +1 +2**	**0 +1 +2**	**0 +1 +2**	**0 +1 +2**	
NAME	**Certified Weight**											**Certified Section Weight**
Official Signature												

COACH _____

ACTIVITIES DIRECTOR_____

TOURNAMENT MANAGER_____