

# MARK HAWALD'S COMPETITION CAMP TEAM ROSTER

TEAM \_\_\_\_\_

	NAME	ACTUAL WEIGHT	CAMP RELEASE FORM	EMERGENCY PAPERS	PAID
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

I hereby certify that I know and understand the rules, policies, and code of conduct for my sport. I certify that I have entered the correct weight class for each of my athletes. I certify that I have all the proper paperwork for all the wrestlers listed and that I will only allow the wrestlers listed above to compete at this camp.

COACH (print name): \_\_\_\_\_

COACH SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_