

## FAXED WEIGH-IN FORM

*You **MUST** use this form when faxing or e-mailing weigh-ins for this event.*

***No other forms will be accepted!***

*Be sure to list the name of your club and contact information on each sheet.*

**CLUB** \_\_\_\_\_

**CONTACT** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

.....

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ USAW # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Age Division \_\_\_\_\_ Actual Weight \_\_\_\_\_

If there is no one in your weight class do you wish to move up? ☐ Yes ☐ No

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ USAW # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Age Division \_\_\_\_\_ Actual Weight \_\_\_\_\_

If there is no one in your weight class do you wish to move up? ☐ Yes ☐ No

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ USAW # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Age Division \_\_\_\_\_ Actual Weight \_\_\_\_\_

If there is no one in your weight class do you wish to move up? ☐ Yes ☐ No

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ USAW # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Age Division \_\_\_\_\_ Actual Weight \_\_\_\_\_

If there is no one in your weight class do you wish to move up? ☐ Yes ☐ No