

SECTION VIII WRESTLING TOURNAMENT SHEET

Site _____ Date _____ # of Teams _____

List Teams :

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Officials/Mat Ratio(circle)

6 hours or less -	6 on 4	5 on 3	3 on 2	2 on 1
6 hours or more -	8 on 4	6 on 3	4 on 2	2 on 1

	<u>Boces #</u>	<u>Name</u>	<u># hours worked</u>	<u>Fee</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

Scheduled Start time - _____ Completion time - _____ Total hours - _____

Total Number of matches(if available) _____

Agreed Upon: _____
Head Referee

Tournament Director

IMMEDIATELY FORWARD A COPY OF THIS FORM TO JAY GALLAGHER BY EMAIL AT JGALLAGH@MAIL.NASBOCES.ORG AND TO GERRY ARMENGAU BY EMAIL TO GERRYA99@AOL.COM.