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

	Boces #	Name	# hours worked	Fee
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 AND VINNIE PAOLANO BY EMAIL TO VAP59@AOL.COM OR FAX TO JAY.