School Name: _____

Up-To-Date Dual Team Wrestling Statistics

(Complete through all bouts of the Dual Team Sectional)

COACH: PLEASE TYPE OR PRINT IN BLACK INK PEN. Be sure to list cumulative statistics of all tournament roster wrestlers through all bouts wrestled through the Dual Team Sectional. This form must be completed and FAXED to the IHSA Office by 10:00 a.m., Wednesday, February 21, 2007. IHSA FAX number is (309) 663-7479, it is available 24 hours a day.

NOTE: Statistics should include ONLY varsity competition (all dual meets and all tournaments) this season.
* Indicate probable starters with asterisk.

Wrestler (First and Last Name)	Wt. Class	Overall Season Record (All Matches)			Take-Downs	Pins For	Times Been Pinned
		W	L	T			
Your Totals							
Opponents Totals							