

# **MAT OFFICIALS SIGN-IN SHEET**

**Please print legibly**

**TOURNAMENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ D.O. B \_\_\_\_\_  
E-mail \_\_\_\_\_ Section \_\_\_\_\_ Rank \_\_\_\_\_ Shirt Size \_\_\_\_\_  
(if under 18)

**I will work the following state tournaments (please check)**

☐ ISWA Freestyle State (May 4th) ☐ Greco-Roman State (May 5th)

\*\*\*\*\*

Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ D.O. B \_\_\_\_\_  
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***Please have all mat officials working your event fill out the enclosed sheet. (You will need to make copies.)  
Return the completed forms in the envelope provided to: ISWA, P.O. BOX 157, BEECH GROVE, IN 46107  
Or email to [office@iswa.com](mailto:office@iswa.com)***