Ohio High School Athletic Association – Wrestling Weight Management Program

Roster for Master Assessor Instruction Class

Master Assessor Name

Date of Class PLEASE PRINT LEGIBILY													
							ast Name	First Name	Work Affiliation	Work City	Work Email	Home Email	Work and/or Cell Phone

Please use the back of the form if additional information per student is needed.

This roster should is to be forwarded to the OHSAA along with each individual's application

Fax: 614-267-1677 to the attention of Tyler Brooks, or scan to tbrooks@ohsaa.org