TEAM _____

OF ELIGIBLE PLAYERS_____

_____ DATE / /

SIGNATURE OF OPPONENTS WEIGHMASTER

#	NAME	1	2	3	4	5	6	7	8	PRACTICE		

I CERTIFY ALL PLAYERS HAVE PLAYED 8 PLAYS FORM COMPLETED _____ QUARTER _____ TIME ON CLOCK

_____ HEAD COACH _____ HOME MONITOR _____ AWAY MONITOR