OHSAA · WRESTLING WEIGHT MANAGEMENT PROGRAM

Roster for General Assessor Training Class

Master Assessor name _____

Date of class _____

PLEASE PRINT LEGIBLY

#	Last name	First name	New or re-certifying	Work affiliation	Work city	Email registered with OHSAA (one only)	Work and/or cell phone (listed online)
1			New / Re-cert				
2			New / Re-cert				
3			New / Re-cert				
4			New / Re-cert				
5			New / Re-cert				
6			New / Re-cert				
7			New / Re-cert				
8			New / Re-cert				
9			New / Re-cert				
10			New / Re-cert				
11			New / Re-cert				
12			New / Re-cert				
13			New / Re-cert				
14			New / Re-cert				
15			New / Re-cert				
16			New / Re-cert				
17			New / Re-cert				

Master Assessor: send this roster to OHSAA with each person's Application for Assessors. Use the back of the form if more information is needed per student.

Monroe Britton, OHSAA
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