



Mat No.		Bout No.		Weight Class			
NAME:				NAME:			
TEAM:				TEAM:			
COLOR:				COLOR:			
First Period	Second Period	Third Period	Over Time	First Period	Second Period	Third Period	Over Time
			TOTAL POINTS				TOTAL POINTS
Circle WINNER's Side / X out LOSER's Side							
Match End Time:			Circle if: FALL or TECH			Fall Time (Length of Match):	
WINNERS Signature (required):			REFEREE'S Signature (required):			Tech Time (Length of Match):	

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