



CCS WRESTLING WEIGHT MANAGEMENT PROGRAM

SCHOOL SCHEDULING FORM

NAME OF SCHOOL _____ DATE: _____

1. Please schedule an assessment for _____ wrestlers. (# of females included _____)
(total # of wrestlers)

From the established dates published by the CCS, we respectfully request the following:

_____, 20____, at _____ am pm at _____
date time location

OR

2. Please schedule us **ASAP** at any time or location in our area that is available. _____.
(check here & you will be scheduled ASAP at a time and location in your geographic area)

NAME OF ATHLETIC DIRECTOR: _____ PHONE CONTACT: _____

FAX NUMBER: _____

NAME OF COACH: _____ PHONE CONTACT _____

Please fax this request to Duane Morgan, FAX—408 224-0476
when your assessment is scheduled, confirmation will be faxed back to you
at the fax # you provided immediately above!

ASSESSORS SECTION

Assessors contact name: _____ Contact # _____

Contact # the day of the assessment (if different from above): _____

Thank you for your request, your school's wrestlers are schedule to be assessed:

_____ am pm @ _____
Date Time Location

Other supplies you are required to provide: _____

- If you have **female wrestlers** you **MUST** contact the assessor at least 24 hours before the assessment so they can insure proper supervising personnel.
- **COACHES** may accompany wrestlers, but may not assist with the assessment
- **NO PARENTS** may assist or participate or be in the area of the assessment process unless they are a school employee and are assisting in that capacity!
- **ATTIRE:** make sure wrestlers are in their singlet or shirts & shorts or they will **NOT** be assessed
- **PAYMENT:** Bring \$10 cash or school issued check **ONLY** for each wrestler. P.O's will not be accepted. No payment-no assessment
- **Don't forget your school user ID and password!**
- **Please call if you are going to be late or have to cancel.**