

Mat No.	Age Group	Weight Class	Bout No.	Start Time:			
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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