

DUAL STATE SEEDING INFORMATION FORM

Name of school _____ Class _____

Principal's Signature _____ Coach's Signature _____

Complete the information **accurately** below and email wruth@ossaa.com by
February 2, 2023.

- I. List all of your dual meet opponents (including dual tournaments) and dual meet scores with your team score listed first.

Opponent	Score	Opponent	Score
1. _____	_____	11. _____	_____
2. _____	_____	12. _____	_____
3. _____	_____	13. _____	_____
4. _____	_____	14. _____	_____
5. _____	_____	15. _____	_____
6. _____	_____	16. _____	_____
7. _____	_____	17. _____	_____
8. _____	_____	18. _____	_____
9. _____	_____	19. _____	_____
10. _____	_____	20. _____	_____

TEAM RECORD _____

- II. List all tournaments you have attended after January 1, 2023.

Name of Tournament	Place
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

- III. List all remaining duals that you have on your schedule after February 2, 2023, and the date you will wrestle them.

1. _____
2. _____
3. _____
4. _____
5. _____

This form must be faxed or emailed to the OSSAA office by February 2, 2023