

DUAL STATE SEEDING INFORMATION FORM

Name of school \_\_\_\_\_ Class \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Coach's Signature \_\_\_\_\_

Complete the information **accurately** below and fax (405-840-9559) to the OSSAA by February 3, 2010.

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 of the tournaments you have attended after January 1, 2010.

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

III. List all remaining duals that you have on your schedule after February 2, 2010 and the date you will wrestle them.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**This form must be faxed to the OSSAA office by February 3, 2010**