



## Manager Clothing Order Form 21-22

Form is due today; payment due by NO LATER THAN 9/17  
Order any/all of what you want

Manager Name \_\_\_\_\_

Long Sleeve Tee Shirt Size: \$20.00

AS                      AM                      AL                      AXL                      AXXL

Jogger pants Size: \$35.00

AS                      AM                      AL                      AXL                      AXXL

Pullover Size: \$40.00

AS                      AM                      AL                      AXL                      AXXL

Training Hoodie Size: \$25.00

AS                      AM                      AL                      AXL                      AXXL

Adidas Bag (additional cost): \$40.00    yes or no

TOTAL AMOUNT OWED: \_\_\_\_\_

Paying by: (circle)    Cash                      Check (ECHS Takedown Club)

CashApp: \$ECWrestling                      Credit Card: (See Coach Ferrari)



## Manager Information and Contract

Welcome to the ECHS Wrestling Team! As a team manager, you will have a handful of duties and responsibilities weekly and will also be expected to travel to most weekend events. Duties will include updating Track Wrestling with statistics from each event, keeping accurate score at all wrestling meets/tournaments, and running the head score table at each home event for EC. These duties will be taught to you by the coaching staff, so no prior experience is needed!

### Travel

Travel on weekends to away events is expected, so please make sure that if you are committing to help that you have the time available in your schedule to work with the team. Of course, if you have a prior commitment that you must attend, please be sure to communicate this with the coaching staff ahead of time. All travel will take place on a Coweta County school bus, both to and from events. IF you need to be picked up directly from an event, it must be YOUR parents/guardians that do so. You are not allowed to ride with any other person home from any event.

### Attendance

You will be expected to attend one practice per week in order to complete all statistics in a timely manner. At this time you will also help to restock medical kits, food bins, and other wrestling supplies. The coaching staff will help to coordinate the day that the managers will stay based on schedules and availability. Practice times during the week are from 3:45-6:00 pm. Pick up will take place in the small parking lot between the small gym and the ROTC wing.

### Attire

As an ECHS Wrestling manager you will be expected to dress appropriately for all events. Dress will be EC wrestling attire (shirt, pullover, or sweatshirt) and either EC Wrestling Joggers, leggings, jeans that are without excess holes, or khaki pants. Remember that you are representing the school and the team, so please dress appropriately.

### Communication

Please make it a point to check email regularly and be sure to sign up for REMIND for easy communication. Text the message @ecmanagers to the number 81010 My email is [matthew.ferrari@cowetaschools.net](mailto:matthew.ferrari@cowetaschools.net) PARENTS: Please email me so I have your address to add to the distribution list.



### Discipline

As an ECHS wrestling manager you will be expected to follow the team rules/regulations regarding discipline and maintaining grades. Please see the policy below for more info. In addition, there will be a zero tolerance policy for dating wrestlers during the season. Failure to follow this policy will result in dismissal from the team. DISCIPLINE: ISS Policy:  
manager spends four (4) blocks in ISS= 1 PRACTICE MISSED; unexcused  
manager spends eight (8) blocks in ISS= 2 PRACTICES MISSED; unexcused  
manager spends twelve (12) blocks in ISS= 1 MATCH SUSPENSION  
manager spends sixteen (16) blocks in ISS= REMOVAL FROM TEAM\*\*.

### OSS Policy:

manager is suspended OSS first offense: TWO (2) MATCH SUSPENSION.  
manager is suspended OSS second offense: REMOVAL FROM TEAM\*\*.

### SOCIAL MEDIA POLICY:

FIRST confirmed case of taunting, unsporting conduct/inappropriate posts, tweets, or other media posts, or behavior unbecoming of an athlete at ECHS will result in a ONE (1) MATCH SUSPENSION.  
SECOND confirmed case = REMOVAL FROM TEAM\*\*.

INCARCERATION: On or off campus = REMOVAL FROM TEAM.

### OTHER:

Match/Tournament Ejection: See GHSA guidelines.

Alcohol/Tobacco/Vapes/Drugs: 1st Offense: 2 match suspension. 2nd offense Removal from team



We really appreciate your understanding and desire to be a part of the tradition at East Coweta. Hopefully, by working together, we can make this the best year of wrestling and competition as well as set a standard to always work towards.

Yours in Wrestling,

Matt Ferrari, Ben Casado, Drew Gabriel, Buck Roetman, Derek Roetman, and Jake Madison

I have read and understand the preceding rules and regulations as they relate to my child and the ECHS wrestling team and agree to abide by them, as presented to me at the parent meeting on 9/12/21, or days thereafter.

Manager Name (printed)\_\_\_\_\_

Manager Signature\_\_\_\_\_

Date\_\_\_\_\_

Parent Signature\_\_\_\_\_

Date\_\_\_\_\_



## Clothing Order Form 20-21

Payment for all clothes is due by 10/9

Manager Name \_\_\_\_\_

Tee Shirt Size: AS AM AL AXL AXXL  
\$15.00

Jogger Size: AS AM AL AXL AXXL  
\$40.00

Hoodie Size: AS AM AL AXL AXXL  
\$25.00

Fleece Size: AS AM AL AXL AXXL  
\$25.00

Adidas Bag (additional cost): \$40.00 yes or no

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

\_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

\_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU		
(CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
<b>MEDICAL QUESTIONS</b>	<b>Yes</b>	<b>No</b>
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>

<b>MEDICAL QUESTIONS (CONTINUED)</b>	<b>Yes</b>	<b>No</b>
25. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEMALES ONLY</b>	<b>Yes</b>	<b>No</b>
29. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	<input type="checkbox"/>	
Eyes, ears, nose, and throat • Pupils equal • Hearing	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart <sup>a</sup> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test	<input type="checkbox"/>	

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

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# PREPARTICIPATION PHYSICAL EVALUATION

## MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_  
 Medically eligible for certain sports

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Student's Name)

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LAST                                      FIRST                                      MIDDLE                                      SCHOOL YEAR

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EMERGENCY MEDICAL TREATMENT INFORMATION

STUDENT'S NAME:	DATE OF BIRTH:	AGE:
PARENT/GUARDIAN NAME:	HOME PHONE NO:	PARENT/GUARDIAN WORK NO:
FAMILY PHYSICIAN:	PHYSICIAN NUMBER:	
SPECIAL MEDICAL CONDITIONS OF STUDENT:	STUDENTS IS ALLERGIC TO:	

PERMISSION FOR MEDICAL TREATMENT

I/WE grant to the school personnel my/our permission to act on my/our behalf in securing medical attention for \_\_\_\_\_ in case of any medical emergency while participating in said activity. The local emergency facilities have my/our permission to treat \_\_\_\_\_ for any illness/injury that occurs while participating in said activity wherever conducted. I/We also understand that I/We are totally responsible for any costs incurred for medical attention.

I/We further verify that \_\_\_\_\_ is covered under the following insurance policy:

Name of Insurance Company:	
Policy Number:	
Named Insured:	
Persons Covered:	
Policy Expiration Date:	

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_

**\*\* Please continue on the back of this form.\*\***

EXTRACURRICULAR AUTHORIZATION FORM

I/We desiring that \_\_\_\_\_ participate fully in various interscholastic and extracurricular activities available through the Coweta County School System, hereby authorize and grant my/our permission for \_\_\_\_\_ to participate in the following extracurricular activities. I/We realize that such activities involve the potential for injury which is inherent in all extracurricular or sporting events. I/We hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment, and the requirement of strict observance of all rules, injuries are still possible. I/We further realize that injuries received can be so severe as to result in total disability, paralysis, or even death. I/We hereby acknowledge that I/We have read and understand this warning and We hereby give my/our permission for \_\_\_\_\_ to participate in \_\_\_\_\_ and verify that he/she has adequate coverage of current accident and/or health insurance policy. This shall constitute the affidavit referenced in Board Policy JGA

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_  
*(MUST BE SIGNED IN FRONT OF A NOTARY)*

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

INJURY AWARENESS FORM

*(Check one only)*

\_\_\_\_ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for the student named above.

\_\_\_\_ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for another son/daughter at a previous time.

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

I/We hereby acknowledge that I/We have read, understand and completed this document with full and complete understanding of its terms and that the information contained herein is true and correct. I/We give permission for my/our student to accompany any school team of which the student is a member on any of its local or out of town trips.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_

# East Coweta Athletic Paperwork

is Digital with  **DRAGONFLY**  
- SIMPLIFIED SPORTS MEDICINE -

Coweta County require all athletes to have a full physical packet on file with the school before they condition, tryout, practice, or compete with a sports team. A “FULL” physical packet consists of many forms, not just the Physical and Emergency Medical Form. To help make this easier for parents and coaches, East Coweta is utilizing DragonFly MAX to help ensure our athletes are healthy and ready to participate in athletic competition.

## Follow the steps below to get started using DragonFly MAX.

Parents new to ECHS Athletic Paperwork/Dragonfly – A –.

Parents needing to update ECHS Athletic Paperwork for the new school year – B –.

### ---A---

#### Parents New to ECHS Athletic Paperwork and Dragonfly

1. Download the DragonFly MAX app  from the App Store or Google Play.
  - To do this on your computer, visit [www.dragonflymax.com](http://www.dragonflymax.com) .



2. Tap “Get Started” and “Sign Up for Free” then follow the prompts to create your **Parent Account** with **your** email address or phone number.
  - NOTE: Please **do not** create an account with your child’s name or contact information – you will get the chance to add your child soon!
3. Verify your account with the verification ID sent to your email address.
4. Tap “Connect to your school” to select “Parent” as your role and search for the school by school name or by entering the ECHS School Code 75JGJN.
5. Tap “Join” to request access. An administrator from the athletic department will approve your request.
6. Click “Set up your children” and follow the prompts to create your child’s profile.
7. Complete his/her participation forms electronically and upload the complete physical and both sides of the notarized CCSS Authorization Form.
  - Bring your Complete Physicals and CCSS Authorization Forms to the Athletic Office or Front Office and the Athletic Department will upload them for you.
  - **DO NOT GIVE YOUR PHYSICAL OR AUTHORIZATION FORM TO THE COACH!**
8. When you are finished, you will see a Green “Ready” Bar or a Red “Not Ready -%” Bar. If your paperwork is “Not Ready”, tap on the bar to finish.

2020


READY

2020

NOT READY - 80%

9. After completing your child’s forms, you can review his/her profile OR add another child.

## Parents needing to update ECHS Athletic Paperwork for the new school year.

1. Log into your DragonFly account on the DragonFly MAX app .
  - a. To do this on your computer, visit [www.dragonflymax.com](http://www.dragonflymax.com).
2. Click “View Details”
3. Tap “Get Started” in the Prep for 2021-22 box.
4. If your mailing address, insurance information, or Emergency Contact has changed. Please update that information by clicking on the Update Medical & Demographic info for 2021-2022.
5. Upload both sides of a new CCSS Authorization Form signed after April 1, 2020.
  - a. Bring your Complete CCSS Authorization Forms to the Athletic Office or Front Office and the Athletic Department will upload it for you.
  - b. **DO NOT GIVE YOUR AUTHORIZATION FORM TO THE COACH!**
6. Complete his/her participation forms electronically.
7. Upload updated physical if you have one.
  - a. Bring your Complete Physicals to the Athletic Office or Front Office and the Athletic Department will upload them for you.
  - b. **DO NOT GIVE YOUR PHYSICAL TO THE COACH!**
8. When you are finished, you will see a Green “Ready” Bar or a Red “Not Ready -%” Bar. If your paperwork is “Not Ready”, tap on the bar to finish.



If you have any questions, please call the school at

770-254-2850 or email

[melissa.watson@cowetaschools.net](mailto:melissa.watson@cowetaschools.net)

[allison.ingram@cowetaschools.net](mailto:allison.ingram@cowetaschools.net)

# EAST COWETA WRESTLING

ONE CASE FOR JUST **\$198**  
 or  
**\$99 SPECIAL**

1/2 CASE STEAK VARIETY OR 1/2 CASE ANGUS STRIPS  
 OR 1/2 CASE FILET MIGNON ONLY

## CERTIFIED ANGUS BEEF STEAK VARIETY CASE



- 4 12 oz New York Strip Steaks
- 4 12 oz Rib Eye Steaks
- 2 Slabs of Ribs - 7 lbs
- 8 8 oz Burgers

Total Weight 17 lbs - Individually Criovaced

## SEAFOOD VARIETY CASE



- Cooked Shrimp
- Shell-On Raw Shrimp
- Salmon Filets
- Cod Filets
- Coconut Shrimp
- Snapper Filets

Total Weight 14 lbs

## CHICKEN VARIETY CASE



- 10-12 Honey Breast
- 10-12 Italian
- 10-12 Lemon Pepper
- 10-12 Southwest
- 10-12 Plain
- 18-20 Tenderloins (real breast strips)

All breast filets  
 individually  
 criovaced!

Total Weight 18 lbs All Boneless/Skinless Breast Meat

## PORK VARIETY CASE



- 12 Teriyaki Chops
- 4 Super Thick Chops
- 4 6-Piece Ribs
- 8 Bacon-Wrapped Tenderloins
- 2 Lemon Garlic Roasts
- 8 Center-Cut Chops

Total Weight 18 lbs - All Individually Criovaced

## USDA CERTIFIED BLACK ANGUS STRIPS



**16 of the USDA's Top 8% Grade Steaks**  
 (12 lbs - each individually criovaced)

## USDA CERTIFIED ANGUS FILET MIGNON



**24 Aged Filet Medallions**

(4 ounces each, 2 per vacpac) Total Weight 6 lbs

SELECTION AND QUANTITIES MAY VARY

Customer Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Athlete's Name \_\_\_\_\_

To pay by credit card, call Brad "The Butcher" at

**770-356-4009**

or order by credit card 24/7 at the  
**butcherschoice.com** fundraiser page.



	FULL CASE	HALF CASE
Certified Angus Variety Case	_____	_____
Certified Angus Strips	_____	_____
Certified Angus Filet Mignons	_____	_____
Seafood Variety Case	_____	_____
Chicken Variety Case	_____	_____
Pork Variety Case	_____	_____

**Quality packages by Butcher's Choice of Atlanta, Inc.**  
 Proud A+ Rated member of The Better Business Bureau!  
**www.butcherschoice.com**



# Butcher's Choice of Atlanta, Inc.



1241 Dayspring Trace  
Lawrenceville, GA 30045

Open 7 Days a Week  
9 AM to 8 PM By Appointment Only

[www.butcherschoice.com](http://www.butcherschoice.com)



**USDA CERTIFIED ANGUS BEEF  
VARIETY CASE**



**PORK VARIETY CASE**



**CHICKEN VARIETY CASE**



**USDA CERTIFIED ANGUS BEEF  
STRIP STEAKS**



**SEAFOOD VARIETY CASE**



**USDA CERTIFIED ANGUS BEEF  
FILET MIGNON**

All beef, chicken, and pork sold by Butcher's Choice of Atlanta, Inc. is Inspected and approved by the USDA first. The Georgia Department of Agriculture inspects the product for a second time along with inspections of our vehicles and our main distribution center, ensuring nothing less than the highest quality product will be passed on to our customers.



# EAST COWETA INDIANS WRESTLING

**YOU CAN BE A FACTOR  
IN OUR SUCCESS THIS YEAR,**

*by shopping with us now instead of the grocery store, you will enable our young wrestlers to focus on training, conditioning and academics instead of sales.*

*Please help make a difference and eat well (and save money) at the same time!!*

*Thank you so much from all the athletes, parents, and coaches for your support and happy grilling!!*

**To order your Fundraiser Meats,  
contact any athlete or coach.**

Name of Sponsored Wrestler \_\_\_\_\_



## Sponsorship 2021-2022 Season

The East Coweta Wrestling Team invites you to participate as a 2021-2022 season sponsor. Your support will help the EC Takedown Club fund purchases of team uniforms, equipment, building improvements to the wrestling room, and team expenses associated with tournament and camp participation. Remember, your sponsorship to EC Wrestling is 100% tax deductible. See our tax exemption information on the back of this form. Please circle one of the choices below.



Patron Level: \$50.00-Name on team banner



Purple Level: \$100.00-Name on Team Banner+Name on website+Name on Team T-shirt



Gold Level: \$250.00-Name on website+Name on team T-shirt+Name on banner+Receive Personalized Team Plaque



Corporate Level: \$500.00-Name on team banner+Name on website+Name on team tee shirt+A HALF Case of Meat from Butcher's Choice of Atlanta (Steak Variety Case, Angus Strips, or Filet Mignon)

(Indicate Case Choice)

VARIETY

STRIPS

FILET

*Please fill in the info below and provide us with a business card if possible.*

Name of Business:

Contact Info: (Phone # & Email):

Social Media (Website, Facebook, Twitter, etc)

Please make checks payable to **ECHS TAKEDOWN CLUB**

You may submit sponsorship form and donation to any ECHS wrestler or parent or mail it to

East Coweta High School

% Matt Ferrari

400 Sharpsburg-McCollum Rd

Sharpsburg, GA 30277

[matthew.ferrari@cowetaschools.net](mailto:matthew.ferrari@cowetaschools.net)

Thank you so much for your support!!



Name of Sponsored Wrestler \_\_\_\_\_

Confirming Parent Booster USA's  
tax-exempt status.

Parent Booster USA's federal tax-exempt status and  
group exemption letter may be confirmed on the IRS  
website as follows:

1. Go to [www.irs.gov](http://www.irs.gov) or visit  
[apps.irs.gov/app/eos](https://apps.irs.gov/app/eos) and skip to step 5
2. At the top the page under Search, or under  
Menu on mobile, click Charities & Non-profits
3. Click the link for the  
Tax Exempt Organization Search
4. Down the page, click the blue button for the  
Tax Exempt Organization Search
5. Enter Parent Booster USA's EIN: 30-0281785
6. Click Search

Under Deductibility Status, it says GROUP. If you  
click on GROUP, an explanation regarding the group  
letter ruling that exempts PBUSA's subordinates  
appears.

East Coweta Takedown Club EIN: 83-2188193

Thank you so much for your support!!



Date:	Day(s):	Event/Venue:	Level:
11/13	Sat	Trojan Invitational @ Lassiter High	V
11/13	Sat	War Eagle JV Scramble @ Chestatee High	JV
11/19	Fri	Last Man Standing @ Ola High	JV
11/20	Sat	Girls Spartan Invitational @ Campbell High	G
11/20	Sat	Last Man Standing @ Ola High	V
11/22	Mon	JV Tomahawk Tussle @ ECHS	JV
11/23	Tues	Varsity Tomahawk Tussle @ ECHS*Senior Morning*	V
11/27	Sat	Locust Grove Scramble @ LGHS	V/JV/G
12/3-4	Fri/Sat	Santa Slam at South Forsyth High	V
12/4	Sat	Warrior Classic @ North Atlanta High	JV/G
12/10-11	Fri/Sat	South Metro Invitational @ Eagle's Landing High	V/JV/G
12/17-18	Fri/Sat	Perry Scramble @ Perry High	V
12/18	Sat	Eric Hill JV Scramble @ Loganville High	JV/G
12/22-23	Weds/Thurs	Dariel Daniel Grind Duals @ Troup County High	V
12/29	Weds	Rockmart Invitational @ Rockmart High	V
12/30	Thurs	Walt Hennebaul Invitational @ Mountain View High	JV
1/7	Fri	Region 2 AAAAAAA Duals @ Newnan High	V
1/12	Weds	Paulding County Tri @ Paulding Co High	V/JV
1/15	Sat	Sectional Duals @ TBA	V
1/22	Sat	AAAAAAA State Duals @ Lambert High	V
1/17	Mon	Archer JV Invitational @ Archer High	JV
1/17	Mon	Blue Devil Brawl @ Marietta High	V
1/29	Sat	Region 2 AAAAAAA Traditional @ McEachern High	V
2/4-2/5	Fri/Sat	Sectional Traditional @ Discovery High	V
2/10-2/12	Thurs-Sat	AAAAAAA State Traditional Tournament @ Macon Centreplex	V

#### Coaches

Matt Ferrari, Ben Casado, Drew Gabriel, Buck Roetman, Derek Roetman