

■ 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 ≥ 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"/>

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 ^a • 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"/>	

^a 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: _____

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 .



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.
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

allison.ingram@cowetaschools.net

A large, stylized graphic of a Native American mascot is centered on the page. The mascot is depicted from the chest up, wearing a purple headband and a purple and white feathered headdress. He is holding two large, silver axes with purple handles. The graphic is semi-transparent, allowing the text to be seen through it.

**INDIANS
WRESTLING
TEAM RULES
21-22**



Welcome to the EC Wrestling Family! We are glad that you have chosen to be a part of our tradition of excellence. Please review the wrestler/parent expectations so that we are all on the same page.

PRACTICE TIMES/EXPECTATIONS:

Be prepared for and on time to all practices. This includes all practice gear and proper attire. We will run practices in two groups this season. Group ONE will consist of all first year wrestlers. Time will be 3:45-5:30. Returning wrestlers from last season will practice from 5:30-7:15. Siblings in two different groups are allowed to stay here, but will not practice with the other group. Unless previously cleared with the coaching staff, do not miss practice. Three unexcused practices will result in removal from the team. Do not plan to leave early unless previously cleared with coaching staff. NO CELL PHONES WILL BE ALLOWED AT/DURING PRACTICE. They need to be secured in your locker/bag.

DISCIPLINE: ISS Policy:

Wrestler spends four (4) blocks in ISS= 1 PRACTICE MISSED; unexcused
Wrestler spends eight (8) blocks in ISS= 2 PRACTICES MISSED; unexcused
Wrestler spends twelve (12) blocks in ISS= 1 MATCH SUSPENSION
Wrestler spends sixteen (16) blocks in ISS= REMOVAL FROM TEAM**.

DISCIPLINE: OSS Policy:

Wrestler is suspended OSS first offense: TWO (2) MATCH SUSPENSION.
Wrestler 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
**If a wrestler is removed from the team in any instance, team fees WILL NOT BE REFUNDED.

PARTICIPATION FEES:

Team dues for the 20-21 school year are \$350.00. This fee will help to cover the cost of travel expenses, entry fees, officials, other supplies, awards, and clothing for each athlete. There will be a payment schedule that must be followed in order for the athlete to remain in good standing. Fundraising opportunities will be available for each wrestler to earn money towards reduction of dues owed. **Any wrestler who pays their dues IN FULL by the first payment due date will receive \$25.00 off the cost of their dues. Siblings on the team will receive a \$100.00 discount per wrestler (not eligible



for the additional early payment discount). See the payment schedule worksheet that is attached for more info.

ACADEMICS:

Current grades will be checked as of 10/25/21. Any wrestler with failing grade(s) as of the first date of competition will be placed on Academic Probation. 1 failing grade = WEEKLY CONTRACT PLAN. The contract will be filled out each week for that teacher and will be returned on Friday in order for the wrestler to compete. Two or more failing grades = COMPETITIVE PROBATION-NO COMPETITION. A wrestler on competition probation will be required to be at practice each day, but will spend one hour under direct supervision of the wrestling staff working on missing classwork. Grades will be rechecked weekly for progress, but it will be the wrestler's responsibility to meet with teachers in question to set up Unit Recovery, if applicable. They will be responsible for bringing evidence of a passing grade from their teacher to the coaching staff in order to be removed from Academic Probation. Any tutoring that needs to take place needs to be set up for the beginning of the week, preferably on Mondays.

EQUIPMENT:

Any equipment issued is your child's responsibility. Please wash singlets on COLD and tumble dry on LOW or hang dry. If the wrestler has braces, he will need a mouthpiece that covers the braces fully. (i.e. top, bottom, both). You will be responsible for securing an acceptable headgear and wrestling shoes. Suggested headgear: Cliff Keen Signature Headgear. Suggested shoes: Asics Aggressor.

LOCKERS/EQUIPMENT STORAGE:

Lockers will be assigned to seniors and team captains (if applicable). There are 50 storage cubbies in the wrestling room as well for the wrestlers to place their bags/stuff each day. We will lock the room down in the am, so each wrestler can store their stuff in the room during the day. Valuables should still be kept on their person during the day to keep theft to a minimum. **ANY WRESTLER CAUGHT STEALING FROM THE WRESTLING ROOM WILL BE IMMEDIATELY DISMISSED FROM THE TEAM.**

TRANSPORTATION:

Transportation will be provided for all trips via Coweta County School bus. Wrestlers must be on time to ECHS for weekend dismissal or risk being left behind. If this occurs, the wrestler will need to ride to the given tournament **WITH THEIR PARENTS** or should stay home. **NO WRESTLER SHOULD BE DRIVING TO ANY AWAY EVENT.**

COMMUNICATION:

The easiest way for us to maintain communication is through email. PLEASE check your email each day, as this is my main way of sending information to you. See the communication sheet that is attached for email addresses, phone numbers, remind instructions, and other media information. Do not hesitate to contact us by any method, but please do not call after 9:00 pm unless it is an emergency.



OVERNIGHT TRAVEL:

When staying overnight, no one shall leave their room once the door check has been completed. Wrestlers will not leave the tournament venue or the hotel without consent of the coaching staff. Only East Coweta team members will be allowed in team rooms and no one will be allowed in another team's room(s). Disciplinary action for doing so can include removal from the tournament and dismissal from the trip. IT WILL BE THE PARENTS RESPONSIBILITY TO PROVIDE TRANSPORTATION BACK FROM ANY TRIP IF DISCIPLINARY ACTION IS TAKEN. Notification of prior rooming arrangements that are not with the team need to be communicated BEFORE we leave on any given trip. One meal per day will be paid for by ECHS wrestling. All other meals are the responsibility of the wrestler. We will take drinks/snacks for tournaments as supplies last.

LETTERING POLICY:

To receive a varsity letter for wrestling at East Coweta, a wrestler needs to compete on the varsity level for a minimum of 75% of the season. They must also display a strong work ethic at practices and show good sportsmanship throughout the season. Varsity letter candidates must also work with the youth team a minimum of 5 times throughout the youth season. Finally, coaches discretion will be used for individuals that go above and beyond to help the team but may not qualify for lettering otherwise. State qualifiers earn instant letter status. Any wrestling team member who remains in good standing on the team for a minimum of 3 years will also letter, regardless of varsity match competition. ALL TEAM DUES WILL BE PAID IN FULL in order for a letter to be given.

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



COMMUNICATION:

- Remind- We use remind to get quick messages out to all parents and wrestlers. Please see the instructions below to sign up
 - **IF YOU ARE A WRESTLER:**
 - text the message @ecwrestler
 - To the number 81010
 - IF YOU CAN'T TEXT BUT CAN EMAIL
 - Email ecwrestler@mail.remind.com
 - **IF YOU ARE A PARENT:**
 - Text the message @ecwparents
 - To the number 81010
 - IF YOU CAN'T TEXT BUT CAN EMAIL
 - Email ecwparents@mail.remind.com

PAYMENT METHODS:

- CASH
- CHECK - Payable to ECHS Takedown Club
- CASH APP- code is \$ECWrestling
- CREDIT CARD: See Coach Ferrari; he can run your card via the Clover Square or online directly



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.

Wrestler Name (printed)_____

Wrestler Signature_____

Date_____

Parent Signature_____

Date_____





Payment Schedule 21-22

Each wrestler will have a payment log tab in the master spreadsheet for funds raised/paid. If you ever are in need of knowing what your balance is, please don't hesitate to ask. Remember, dues are \$350.00 per wrestler. If you have more than one wrestler on the team, dues are reduced by \$100.00 for each wrestler. ****Any wrestler who pays their dues IN FULL by 10/1 will receive \$25.00 off the cost of their dues (siblings not eligible for additional early discount)**

Fundraising opportunities:

Sponsorship: 100% of sponsorship money is credited towards the wrestler's dues.

Meat Sales: \$80.00 from each full box, and \$40.00 from each half box of meat is credited towards the wrestler's dues.

Extra Opportunities: Coach Ferrari and Coach Roetman can offer extra opportunities to any wrestler that is in need of work to pay for dues. This is on an as-needed basis and must be communicated **before the 10/1 deadline for the installment.**

Payment Schedule: Please follow this payment schedule if you cannot pay in full.

Payment #1: \$150.00 Due by September 17th

Payment #2: \$50.00 due by October 1st

Payment #2: \$100.00 by November 1st

Payment #3: \$50.00 by December 1st

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	_____	_____

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**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

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 or visit
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