

BOYS WRESTLING DISTRICT TOURNAMENT ENTRY BLANK
(Duplicate as needed.)

School _____

ISD _____

Coach _____

City _____

Coach's Phone Number (Home) _____

(Office) _____

Circle One: Region - I II III IV

UIL District Number: _____

I hereby certify that the following students are eligible for participation:

Weight Class	Name (first and last name)	Weight Class	Name (first and last name)
103	_____	152	_____
112	_____	160	_____
119	_____	171	_____
125	_____	180	_____
130	_____	189	_____
135	_____	215	_____
140	_____	285	_____
145	_____		

Signed: _____

(Superintendent or Principal)

As soon as your district meet is complete, send or fax results and entries to appropriate regional director as listed in the manual.
DO NOT SEND A COPY TO THE UIL OFFICE.

IMPORTANT DATES

Deadline for filing entry blank to district 10 days prior to the District Meet

Deadline for filing entry blank to regional Immediately following District Meet