

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