

GIRLS 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)
95	_____	138	_____
102	_____	148	_____
110	_____	165	_____
119	_____	185	_____
128	_____	215	_____

Signed: _____

(Superintendent or Principal)

District Tournaments for Girls Wrestling are required.

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