

**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