

GIRLS WRESTLING DISTRICT TOURNAMENT ENTRY FORM

City _____

School _____

Coach _____

Email _____

Cell _____

Office _____

Conference 5A 6A Region _____ District _____

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

Weight Class	Name
100	1.
	2.
	3.
107	1.
	2.
	3.
114	1.
	2.
	3.
120	1.
	2.
	3.
126	1.
	2.
	3.
132	1.
	2.
	3.

Weight Class	Name
138	1.
	2.
	3.
145	1.
	2.
	3.
152	1.
	2.
	3.
165	1.
	2.
	3.
185	1.
	2.
	3.
235	1.
	2.
	3.

Signed: _____ (Superintendent or Principal)

As soon as your district meet is complete, please email or fax results to the appropriate regional director as listed on the website.

DO NOT SEND A COPY TO THE UIL OFFICE

IMPORTANT DATES

Deadline for filing entry form to district5 days prior to the district meet

Deadline for filing entry form to regionals.....Immediately following district meet