

**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	Weight Class	Name
95	_____	138	_____
102	_____	148	_____
110	_____	165	_____
119	_____	185	_____
128	_____	215	_____

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 district .....5 days prior to the district meet

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