

GIRLS WRESTLING TOURNAMENT RESULTS FORM

Site _____

Date _____

District Meet District _____

Conference 5A

Regional Meet Region _____

6A

The top four finishers in each weight class will advance. Please fax or email results to the director of the next highest meet and keep a copy for your files. Regional results should be emailed or faxed to the UIL (cvictorino@uiltexas.org) or (512) 471-6589.

Weight Class	Name (first and last name)	Grade	City, School	Win/Loss Season Record
95	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	4. _____	_____	_____	_____
	5. _____	_____	_____	_____
	6. _____	_____	_____	_____
102	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	4. _____	_____	_____	_____
	5. _____	_____	_____	_____
	6. _____	_____	_____	_____
110	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	4. _____	_____	_____	_____
	5. _____	_____	_____	_____
	6. _____	_____	_____	_____
119	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	4. _____	_____	_____	_____
	5. _____	_____	_____	_____
	6. _____	_____	_____	_____

- 128** 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- 138** 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- 148** 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- 165** 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- 185** 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

- 215** 1. _____
2. _____
3. _____
4. _____

5. _____

6. _____

CERTIFICATION: I hereby certify that I am the meet director or am acting on his/her behalf and that the above report is true and correct.

Director: _____

Email: _____

School Work #: _____

Cell #: _____