

**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
100	_____	138	_____
107	_____	145	_____
114	_____	152	_____
120	_____	165	_____
126	_____	185	_____
132	_____	235	_____

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