

BOYS 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
106	1. _____
	2. _____
	3. _____
113	1. _____
	2. _____
	3. _____
120	1. _____
	2. _____
	3. _____
126	1. _____
	2. _____
	3. _____
132	1. _____
	2. _____
	3. _____
138	1. _____
	2. _____
	3. _____
144	1. _____
	2. _____
	3. _____

Weight Class	Name
150	1. _____
	2. _____
	3. _____
157	1. _____
	2. _____
	3. _____
165	1. _____
	2. _____
	3. _____
175	1. _____
	2. _____
	3. _____
190	1. _____
	2. _____
	3. _____
215	1. _____
	2. _____
	3. _____
285	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