

WVSSAC REGIONAL WRESTLING ENTRY FORM

School _____ City _____
 Address _____ Zip Code _____ Region No. _____
 School Colors _____ Nickname _____
 Coach's Name _____

The following information is needed with seeding the participants.

<u>Weight</u>			
<u>Class</u>	<u>Wrestler</u>	<u>Grade</u>	<u>Record</u>
106	_____	_____	_____
113	_____	_____	_____
120	_____	_____	_____
126	_____	_____	_____
132	_____	_____	_____
138	_____	_____	_____
145	_____	_____	_____
152	_____	_____	_____
160	_____	_____	_____
170	_____	_____	_____
182	_____	_____	_____
195	_____	_____	_____
220	_____	_____	_____
285	_____	_____	_____

Date _____ Signed _____
Principal

Mail or fax this original to your Regional Director.
 Check *The Interscholastic* for his/her name and address.

CHECK ENTRY FORM CHECK LIST FOR POSTMARK DATE