

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>
103	_____	_____	_____
112	_____	_____	_____
119	_____	_____	_____
125	_____	_____	_____
130	_____	_____	_____
135	_____	_____	_____
140	_____	_____	_____
145	_____	_____	_____
152	_____	_____	_____
160	_____	_____	_____
171	_____	_____	_____
189	_____	_____	_____
215	_____	_____	_____
285	_____	_____	_____

Date _____ Signed _____
Principal

Mail this original to the WVSSAC office.
WVSSAC, 2875 Staunton Turnpike, Parkersburg, WV 26104-7219
Make one copy and send to your regional director.
Check The Interscholastic for his/her name and address.

CHECK ENTRY FORM CHECK LIST FOR POSTMARK DATE