

2009-10 SDHSAA District/Region Wrestling Tournament Entry

Name of School _____ District/Region _____ Class _____

All schools mail one copy of this form to your district/region chairman. Please list the wrestlers you intend to enter in the district/region tournament - this entry will not become final until the seeding/drawing meeting.

**Entries are to be received by the chairman no later than twenty-four hours
before the seeding/drawing meeting.**

Weight Class	Name (Please Type)	Year in School	2008-09 Record	Place & Weight Class in Last Year's Dist., Reg., or State Meet
103				
112				
119				
125				
130				
135				
140				
145				
152				
160				
171				
189				
215				
285				

Coaches Signature _____