

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

**"B" WRESTLING TOURNAMENT
TEAM EXPENSE FORM**

In order that reimbursement for expenses can be made, it is necessary that this participation form be accurately completed and submitted to a representative of the SDHSAA prior to the close of the event.

List only those athletes who actually participated in this state event.

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

SCHOOL _____ SIGNATURE _____

NOTE: Please refer to the SDHSAA Administrative Rule and Regulations Handbook for expense allowances that will be paid to the member schools by the SDHSAA.