



# ILLINOIS HIGH SCHOOL ASSOCIATION Dual Team Wrestling

## State Final Entry Form

Name of School: \_\_\_\_\_ Principal: \_\_\_\_\_

School Address: \_\_\_\_\_ Athletic Director: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School Phone: (Area Code): ( ) \_\_\_\_\_



Head Coach's Name: \_\_\_\_\_ Asst. Coaches: \_\_\_\_\_

School Nickname: \_\_\_\_\_

School Colors: \_\_\_\_\_



Wrestler Name (Last Name, then First Name in weight order)	Certified Weight	Year in School	Varsity W-L Record	Sectional Weigh-in Actual Weight
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____
21. _____	_____	_____	_____	_____

I certify that the above students are eligible under the IHSA eligibility standards to represent this high school in the Dual Team State Final wrestling tournament. In accordance with IHSA wrestling regulations, the weight control regulations establish the minimum weight at which wrestlers may compete in the Individual and Dual Team State Series.

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_