

## 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.

### Weight

<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 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