WRESTLING PROGRAM FORM

ENTRY FEE OF $10.00 PER ATHLETE OR $50.00 PER TEAM WILL BE ASSESSED TO EACH SCHOOL TO DEFRAY COST OF CONDUCTING TOURNAMENT. THE SCHOOL FINANCE OFFICE WILL BE INVOICED PER ENTRIES SUBMITTED AT SEEDING MEETING.	**Meet Director Information** **Trevor Keifer** **High Tech High Chula Vista** **tkeifer@gmail.com** **619-850-8362** **Fax # 619-282-8741**

COACH: Please list all wrestlers you wish to enter together with the required information. Deadline for faxing of form to your Meet Director is 12:00 noon, **Wednesday, February 8, 2017.** Also fax to CIFSDS Office **858-292-1375**.

NAME OF WRESTLER FIRST LAST	WEIGHT	YEAR IN SCHOOL

School _____ Signature _____ Date _____

DEADLINE FOR FAXING TO TOURNAMENT DIRECTOR & CIFSDS OFFICE IS 12:00 NOON, Wednesday, February 8, 2017

COACHES ARE ADVISED OF THE IMPORTANCE OF THIS FORM AND THE NECESSITY FOR OBSERVING THE DEADLINE FOR SUBMISSION.

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