Illinois High School Association
2715 McGraw Dr., Bloomington, IL 61704
Phone: 309-663-6377
Fax: 309-663-7479

Dual Team Wrestling
State Final Entry Form With Up-to-Date Statistics

The fields in this form will accept a cursor and can be filled out prior to printing.

Coach: Be sure to list cumulative statistics of all tournament roster wrestlers through the Dual Team Sectional. This form must be completed and FAXED to the IHSA Office so that it is received by 10:00 a.m., Wednesday, February 25, 2015. IHSA Fax number is (309) 663-7479 and is available 24 hours a day.

School Name _____ **Class** ◯ 1A ◯ 2A ◯ 3A

NOTE: Statistics should include ONLY varsity competition (all dual meets and all tournaments) this season.

Name	Probable Starter	Certified Weight	Overall Season Record (All Matches) W	L	Take-Downs	Pins For	Times Been Pinned
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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** _____