

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

Coach: Be sure to list cumulative statistics of all tournament roster wrestlers through the Dual Team Sectional. This form must be completed and emailed (bfinchum@ihsa.org) to the IHSA Office so that it is received by 10:00 a.m., Wednesday, February 26, 2025.

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

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

Date —