

NYWA TEAM TOURNAMENT REGIONAL FORM (K-6)

Call tournament director with notice to participate, send completed roster, with payment, to tournament director.

TEAM NAME: _____ TOWN: _____

AFFILIATED HIGH SCHOOL: _____

COACH: _____ PHONE: _____

WEIGHT	GRADE	WRESTLER'S NAME
45#	_____	_____
50#	_____	_____
55#	_____	_____
60#	_____	_____
65#	_____	_____
70#	_____	_____
75#	_____	_____
80#	_____	_____
84#	_____	_____
88#	_____	_____
93#	_____	_____
102#	_____	_____
115#	_____	_____
130#	_____	_____
HWT (215 MAX)	_____	_____

ALTERNATES		
WEIGHT	GRADE	WRESTLER'S NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This team wrestles under the High School of _____ .

I have reviewed this team roster and agree that all kids attend schools that feed into our _____ High School program.

SIGNED BY COACH: _____ DATE: _____

COACHES EMAIL: _____

If a team is found to have a wrestler on the team roster that does not qualify to be there, that team will be disqualified that year plus one year following the infraction! It is the coach's responsibility to ensure that the roster is correct. No team will be allowed to wrestle unless this form is signed by the coach in charge of their team. Entry fee for region team tournament is \$175.00.