INDICATE BOYS OR GIRLS (PLEASE CIRCLE)

VARSITY WRESTLING INDIVIDUAL TOURNAMENT REQUEST FORM
(Separate forms must be completed for JV tournaments.) Tournament approval and officials assignments will be made after completion of this request.

HOST SCHOOL _____

Is this tournament being sponsored by a group other than your school district? Yes___ No ___

If yes, please list name of group: _____

PARTICIPATING SCHOOLS _____

_____

NOTE: If there are any participating schools from out of state an NFHS interstate contest application form must also be submitted with this form to our office. You must forward the NFHS applications to NYSPHSAA for further approval.

				hours		REQUIRED
date	**pairings**	**vs**	**pairings**	**from**	**to**	**# mats**
		vs				
		vs				
		vs				
		vs				
		vs				
		vs				
		vs				
		vs				

***** Please indicate start time of weigh-in/skin check: _____*****

BILLING PROCEDURE: _____ Bill the host school _____ Bill the participating schools
All fees for out of section schools will be billed to the host school.

TOURNAMENT DIRECTOR: _____

PHONE school hours _____ non school hours _____

ATHLETIC DIRECTOR SIGNATURE _____

Date: _____

****DUE DATE** OCT 24TH**
RETURN TO: email lsommers@sectionxi.org **or** mail: 1 Independence Hill Suite 270 Farmingville, NY 11738

9.18.26