

**INDICATE BOYS OR GIRLS (PLEASE CIRCLE)**

**VARSITY WRESTLING MULTI-TEAM DUAL 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 |          |       |    |          |
|      |          | 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 24<sup>TH</sup>**

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

9.18.26