WRESTLING REPORT OF INDIVIDUAL TOURNAMENT

Please provide all information below and sign. The form is to be sent to the Section XI office after the Tournament Director and the Athletic Director have verified the information.

HOST SCHOOL	
LEVEL	

sessions **time**

NUMBER OF MATS USED _____ FROM _____ TO _____

NUMBER OF MATS USED _____ FROM _____ TO _____

NUMBER OF MATS USED _____ FROM _____ TO _____

Date	Officials_Names	start time	finish time	total hours	Official_Signature

PARTICIPATING SCHOOLS:

_____

_____

SIGNATURES:

TOURNAMENT DIRECTOR _____

ATHLETIC DIRECTOR _____

WITHIN 3 DAYS RETURN TO SECTION XI - **FAX** 346-3020

OR MAIL One Independence Hill, 2nd Floor Suite 201, Farmingville, NY 11738