



CIF/CENTRAL COAST SECTION

6830 Via Del Oro, Suite 103,
San Jose CA 95119
408-224-2994 408-224-0476 (FAX)
info@cifccs.org www.cifccs.org

Central Coast Section Girl's Wrestling Tournament Entry Form

- Please print the first and last name of girl in the weight class
- This form and fees (\$25/girl) must be submitted no later than February 1, 2011 to the CCS Office.
- Only one girl per weight class per school may be entered into the tournament

School _____

	Last Name	First Name
98	_____	_____
103	_____	_____
108	_____	_____
114	_____	_____
118	_____	_____
122	_____	_____
126	_____	_____
132	_____	_____
138	_____	_____
146	_____	_____
154	_____	_____
165	_____	_____
189	_____	_____
235	_____	_____

*Athletic Director Signature: _____

Date _____

*Principal Signature: _____

Date _____

* **Signatures verify that: 1)** Wrestlers have met the minimum practice days (10) according to CIF By laws **2)** CIF certified coach will accompany the wrestler(s) **3)** Wrestler(s) have been assessed in the CIF Weight Assessment Program