



Wrestling Site Information

Region Number _____

PLEASE RETURN IMMEDIATELY AND NOT LATER THAN December 22, 2006.

_____ My school has accepted the designation as host of the tournament mentioned above for the 2006-07

The Manager will be-

Name: _____

Position: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Cell Phone: _____

Home Phone: _____

E-mail Address: _____

The data entry and scoring functions will be managed by:

Name of Wrestling Tournament Manager Operator _____

Email? _____

Cell Phone? _____

The seeding/entry meeting for this region tournament will be on

What day of the week? _____

What date? _____

What time? _____

What site? _____

The meet will be held on

What day of the week? _____

What date? _____

What time? _____

What site? _____

This tournament will use

How many mats (for the majority of the tournament)? _____

This tournament will require a minimum of

How many officials to be assigned? _____

**OFFICIALS ASSIGNMENTS WILL BE MADE OUT OF THE KHSAA OFFICES ONLY!! REGULAR SEASON
ASSIGNING SECRETARIES HAVE NO POSTSEASON AUTHORITY!**

Thank you for providing this information and for returning it to the KHSAA offices immediately.

The information on file is not correct. The host school should be:

Submitted by _____

representing _____

Date _____