



REGIONAL WRESTLING TOURNAMENT RESULTS

LIST THE TOP FIVE COMPETITORS IN EACH EVENT

This is sent to KHSAA by fax immediately following tournament only in the case of failure of the Wrestling Tournament Software)

*KHSAA Form
WR114
Rev. 1/08
Be sure and list all
information including
grade in school*

Region: _____ Location: _____ Manager: _____ Home Phone: _____

WEIGHT CLASS	POS	NAME	GRADE	SCHOOL
103 / 105	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
112 / 114	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
119 / 121	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
125 / 127	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
130 / 132	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
135 / 137	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
140 / 142	1.			
	2.			
	3.			
	4.			
	5. (ALT)			



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WEIGHT CLASS	POS	NAME	GRADE	SCHOOL
145 / 147	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
152 / 154	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
160 / 162	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
171 / 173	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
189 / 191	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
215 / 217	1.			
	2.			
	3.			
	4.			
	5. (ALT)			
285 / 287	1.			
	2.			
	3.			
	4.			
	5. (ALT)			

Regional Manager: _____ Signature: _____