

**NCHSAA Individual Wrestling Regional Championship
Late Entry Form**

School Name _____ Ph. (W) _____

Coach's Name: _____ Ph. (H) _____

E-Mail Address: _____

School Address: _____

City, State, Zip _____

Last Name, First Name	Grade	Overall Record	Weight Class

**Note: There is a \$50.00 Late Registration Fee PER INDIVIDUAL.
check should be made payable to the NCHSAA and must be in the NCHSAA office no later than
the day before the Regional.**