

NEW JESREY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
1161 Route 130 North, P.O. Box 487, Robbinsville, NJ 08691

**TOURNAMENT REFUSAL FORM
2012 NJSIAA INDIVIDUAL WRESTLING CHAMPIONSHIPS**

NAME OF SCHOOL

DISTRICT _____

REGION _____

(Consult the wrestling classification memorandum for 2011-12 before checking proper blank)

WE DO NOT INTEND TO ENTER

_____ **Please check**

Stamped signatures will not be accepted

**Principal's Signature
Signature**

Athletic Director's

Coaches Signature

**FAX TO NJSIAA ON OR BEFORE JAN. 9, 2012
609 259 3047 – NO COVER SHEET PLEASE**

**THIS FORM MAY BE FAXED EARLIER THAN THE CUTOFF DATE
OF JAN. 9 BUT IF THIS FORM IS NOT RECEIVED BY JAN. 9 YOU
ARE ELIGIBLE TO BE SEEDED BY THE WRESTLING
COMMITTEE**

**This form is only to be submitted if your school does not intend to enter
the NJSIAA 2012 wrestling individual tournament**