

NEW JESREY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
1161 Route 130 North, P.O. Box 487, Robbinsville, NJ 08691
TOURNAMENT REFUSAL FORM
2012 NJSIAA TEAM WRESTLING

NAME OF SCHOOL

Public:

North I _____

North II _____

Central _____

South _____

Group IV _____

Group III _____

Group II _____

Group I _____

Non-Public:

North _____ A _____

South _____ B _____

(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

Athletic Director's Signature

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 TEAM WRESTLING COMMITTEE**

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