

Permission to Consolidate Brackets

Date:

Wrestler Name:

Wrestler Club:

Age Group:

Measured Weight Class:

Number of Entrants in this Bracket:

Proposed Tournament Weight Class:

Proposed Tournament Age Group:

Number of Entrants in Proposed Bracket:

_____ I give

_____ I do not give

permission for the wrestler named above to move up a weight class or age group as proposed above. Permission applies only to date listed above.

Parent (optional): _____

Coach (required): _____