

# FRITZ NIELSEN WRESTLING TOURNAMENT

Sponsored by Algona Wrestling

DATE: March 3, 2012

PLACE: Algona High School  
600 South Hale  
Algona, IA 50511

ENTRY FEE: \$15.00

WEIGH INS: Division I (1-2 grades), Division II (3-4 grades),  
7:30-8:30 a.m.  
Division III (5-6 grades) and Division IV (7-8 grade)  
9:00-10:00  
High School Division = grades 9 - 11  
10:00-11:00

WRESTLING: Divisions I, II, begin at 9:30 a.m.  
Division III and IV begin immediately after completion of Divisions I and II  
High School Division to follow Division III & IV

	<b>Division I – II</b>	<b>Division III - IV</b>	<b>High School Div.</b>
Four-Man Round Robin	1 <sup>st</sup> Place Trophy	1 <sup>st</sup> T-Shirt & Medal	T-Shirt for participating
	2 <sup>nd</sup> Place Trophy	2 <sup>nd</sup> Medal	
Awards handed out at the	3 <sup>rd</sup> Place Trophy	3 <sup>rd</sup> Medal	
Completion of each weight class	4 <sup>th</sup> Place Trophy	4 <sup>th</sup> Medal	

**Listen to KLGA - 92.7 and there will also be e'mail notification in case of cancellation due to weather.**

Complete lower half and return (This entry form may be reproduced)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ E'mail address \_\_\_\_\_

School \_\_\_\_\_

I certify that \_\_\_\_\_ was born on the date stated above and has my permission to compete in the Fritz Nielsen Wrestling Tournament sponsored by Algona Wrestling Boosters. I hereby accept full responsibility for behavior, participation, and insurance coverage. I will not hold the Algona Wrestling Booster Club, the Algona Community School District, or any of their agents responsible for any damages to the school or private property caused by the above entrant. If my child needs medical treatment while participating, it is my wish that the treatment begins while efforts are being made to contact me. I consent to any medical procedures that the physician believes needed, on understanding that efforts will continue to be made to contact me.

SIGNATURE (Parent or Guardian) \_\_\_\_\_

DATE \_\_\_\_\_

Send Form & Fee to: Brian Morgan  
1607 80<sup>th</sup> Ave.  
Algona, Iowa 50511  
(515) 341-7049  
bmorgan@algona.k12.ia.us

Food Available  
Concession Stand Available