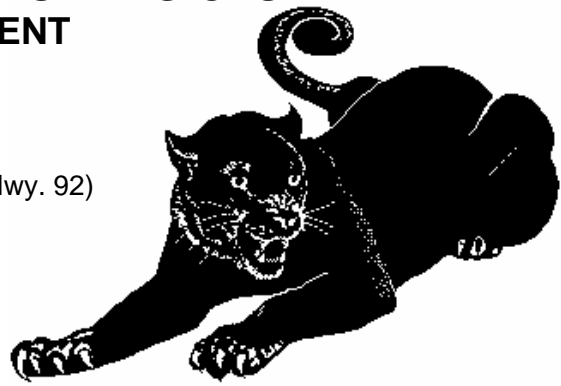



**COUNCIL BLUFFS PANTHER WRESTLING CLUB**  
**EARLY BIRD TOURNAMENT**



**WHEN:** Sunday, December 13, 2009

**WHERE:** Lewis Central High School (Intersection of Hwy. 275 & Hwy. 92)  
Council Bluffs, IA 51503

**ENTRY FEE:** \$13 per wrestler / \$15 Saturday night entries at door  
**ABSOLUTELY NO NEW ENTRIES ON SUNDAY**

**ADMISSION:** Adults: \$3.00, Children (under 12): \$1.00  
Coaches with up-to-date Metro, USA, or AAU coaching cards will be admitted free of charge. All others pay!

- WEIGH-INS:**
- Saturday, December 12th: All age groups: 6:00 p.m. – 8:00 p.m.
  - Sunday, December 13th:
    - 10 & under, 12 & under and 14 & under: 6:30 a.m. – 7:30 a.m.
    - 6 & under and 8 & under: 10:30 a.m. - 11:30 a.m.

**FORMAT:** ALL WRESTLERS WILL BE GROUPED AND BRACKETED AFTER SATURDAY NIGHT WEIGH-INS. WRESTLERS WHO WEIGH IN SUNDAY MORNING MUST BE WITHIN 1 LB OF ENTERED WEIGHT. ANY WRESTLER 1 LB HEAVIER THAN ENTERED WEIGHT WILL BE SCRATCHED WITHOUT A REFUND.

- 10 & under, 12 & under and 14 & under will start wrestling at approximately 8:30 a.m.
- 6 & under and 8 & under will start wrestling at approximately 1:00 p.m.

**AWARDS** – 1st place trophy, medals for 2nd, 3rd, & 4th  
**FOUR-MAN ROUND ROBIN** – Everyone will wrestle 3 matches where possible  
**AGE GROUPS** – 6 & under, 7 & 8, 9 & 10, 11 & 12, 13 & 14  
**AGE AS OF DECEMBER 13, 2009**  
**CONCESSIONS** will be sold throughout the day

**CHECKS PAYABLE TO:** Panther Wrestling Club  
**MUST BE POSTMARKED BY:** December 7, 2008  
**MAIL ENTRIES TO:** Panther Den  
 900 S. 6th Street  
 Council Bluffs, IA 51501

**FOR INFORMATION CALL:**  
 The Panther Den – (712) 329-9157  
 Brad Hildreth – (712) 366-1097  
 Mike Miller (712) 325-9012  
 Team Fax Info to: (712) 328-4109

Absolutely  
**NO** phone  
entries!

-----LIMIT 600 WRESTLERS -----cut here and MAIL-----

<b>BEGINNER</b> <input type="checkbox"/> (1 & 2 years)	<b>INTERMEDIATE</b> <input type="checkbox"/> (3 & 4 years)	<b>ADVANCED</b> <input type="checkbox"/> (5 years or more)
<b>NAME:</b> _____	<b>AGE:</b> _____	<b>CLUB:</b> _____
<b>ADDRESS:</b> _____	<b>GRADE:</b> _____	<b>WEIGHT:</b> _____
<b>CITY/ST/ZIP:</b> _____	<b>BIRTHDATE:</b> _____	<b>PHONE:</b> _____

I certify that \_\_\_\_\_ was born on the date stated. I certify that he/she has my permission to wrestle in the Early Bird Tournament. I will not hold the tournament directors or their agents responsible for injury or accident occurring during his/her travel to or participation in said tournament. I hereby accept responsibility for his/her behavior while on school premises. I hereby authorize (in my absence) competent medical treatment administered by licensed medical authority in case of injury or accident during participation.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_