

# CLARKE WRESTLING CLUB TOURNAMENT

## SUNDAY, MARCH 7, 2010

Clarke Community High School-Osceola, IA use Entrance 8

**4 MAN ROUND ROBIN**

**TROPHY and T-shirt for 1<sup>st</sup> place  
MEDALS for 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> places**

<u>Divisions</u>	<u>Grades</u>	<u>Weigh-ins</u>	<u>Wrestling (approx.)</u>
K & under	Pre-K - K	10:00 – 10:45 a.m.	11:30 a.m.
Super Pee Wee	1-2	10:00 – 10:45 a.m.	11:30 a.m.
Pee Wee	3-4	10:00 – 10:45 a.m.	11:30 a.m.
Junior	5-6	12:45 - 1:15 p.m.	2:15 p.m.
Senior	7-8	12:45 - 1:15 p.m.	2:15 p.m.

**ENTRIES: \$ 12.00 (No refunds) MUST BE POSTMARKED BY March 2**  
**Call-ins (\$15.00) accepted until 5:00 p.m. March 6<sup>st</sup>**  
**Entry limit 300 – NO walk-ins**

Admissions: Adults \$4.00, Students \$1.00

Questions/call-ins: Scott Campfield 641-342-4415 or Bill Jones 641-342-3835  
Adam Domina 342-8605

**Mail entry fee and form to:**

Scott Campfield  
411 South Lincoln St.  
Osceola, IA 50213

(Make checks payable to Clarke Mat Club)

Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Division: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Club: \_\_\_\_\_

Wins: \_\_\_\_\_ Losses: \_\_\_\_\_ (2009-2010)

I certify that \_\_\_\_\_ was born on the date stated and has my permission to compete in the Clarke Wrestling Club Tournament. I also certify that he/she is in the \_\_\_\_\_ grade. I understand that no insurance coverage is provided for my child and I hereby accept full responsibility for his/her behavior and participation. I hereby release Clarke Wrestling Club, Clarke Community School District, and the volunteers for any liability from any accidents or injuries sustained by my child or us during the course of the Clarke Wrestling Club Tournament.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_