

19TH Annual
ROUGH RIDER JUNIOR CLASSIC

JUNIOR WRESTLING TOURNAMENT
Des Moines Roosevelt High School

SATURDAY DEC. 5, 2009

I-235 and 42nd street, Des Moines, Iowa

ENTRY FEE Preregistered \$10.00 (Does not include insurance)
Must be postmarked by Nov. 28.

At the door day of tournament \$15.00

PAIRING FORMAT Four Person Round Robin

AWARDS Trophies 1st and 2nd, Medals 3rd and 4th

FOUR DIVISIONS

PEE WEE-grades K-2 **PREP**-grades 3-4 **JUNIOR**-grades 5-6 **SENIOR**-grades 7-8

WEIGH-INS Junior/Senior 7:00-8:00 am **WRESTLING 9:00 AM**

PeeWee/Prep 10:00-11:00am **WRESTLING AT NOON**

No phone ins and no fax ins

Send registration form and entry fee (**make checks payable to Roosevelt Wrestling Club**)
to:

**ROB BOLEY
509 CALISTA COURT
GRIMES, IA 50111**

For more information e-mail Rob Boley boleyre@yahoo.com or boleyr@wdmcs.org

-----**ENTRY FORM**-----

Name _____ weight _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Grade _____ Division _____

I certify that the information on this form is true and complete. I give my permission for the participant named above to compete in the Roughrider Junior Classic Wrestling Tournament. I hereby accept full responsibility for the individual's behavior and participation in this tournament. I will not hold the Roosevelt Wrestling Club, Roosevelt High School, or workers at the tournament responsible or liable for any accidents or injuries during this tournament.

Parent/guardian signature _____ Date _____

Division _____ Weight _____ Record; won _____ lost _____