

ST. EDMOND BOOSTER CLUB WRESTLING TOURNAMENT

FRIDAY, JANUARY 8, 2010

DIVISION	GRADES	WEIGH-IN	WRESTLE
PEE WEE	K-2	4:00-4:45	5:00
BANTAM	3 & 4	5:30-6:15	6:30
JUNIOR	5 & 6	7:00-7:45	8:00
SENIOR	7 & 8	8:00-8:45	9:00

NO REFUNDS - NO WALK-INS

MAILED ENTRY DEADLINE - RECEIVED BY JANUARY 7, 2010

CALL-IN ENTRY DEADLINE - 9:00 P.M., JANUARY 7, 2010

Contact: JEFF NELSON @ (515) 570-8338 OR (515) 408-3735 or (515) 576-8676 (EVENINGS)

MAIL ENTRIES TO:

ST. EDMOND WRESTLING TOURNAMENT, 2603 N. 14TH STREET, FORT DODGE, IA 50501

TROPHIES FOR 1ST, MEDALS FOR 2ND - 4TH

Entry fee: \$12.00 mailed, \$15.00 call-in

Admission: Adults \$3.00; Students \$2.00; Mat side Coaches Pass \$3.00

Concession Stand and Wrestling T-shirts, Singlets, Headgear Available

[NOTE: ALL WRESTLERS MUST BE WITHIN 3 LBS. OF ENTRY WEIGHT]

NAME _____ GRADE _____

ADDRESS _____

TELEPHONE _____ CLUB/TEAM _____

DIVISION _____ WEIGHT _____ RECORD _____

WAIVER (MUST BE SIGNED)

We, the undersigned parents or legal guardians of _____ age _____, the participant, do hereby and agree to his/her participation in the activities of the St. Edmond Booster Club Wrestling Tournament and on behalf of ourselves individually and as the parents of legal guardians of the before-mentioned participant, that the St. Edmond Booster Club and all of its agents, officers, volunteers and members shall be free from liability to the foregoing participant, his/her parents or legal guardians for any loss arising out of participation in the St. Edmond Booster Club Wrestling Tournament and we do hereby release from liability and responsibility the foregoing organization and said persons from such responsibility and liability in any form. I am aware that no insurance is provided for this tournament.

Parent/Guardian _____ Date _____

(Print Name)

___ Pre-Paid
___ Call-In