

HAMPTON-DUMONT

ROUND ROBIN YOUTH TOURNAMENT

WRESTLE WITH US FRIDAY NIGHT AND SOMEWHERE ELSE ON SATURDAY!

FRIDAY EVENING, JANUARY 8, 2010

HAMPTON-DUMONT HIGH SCHOOL GYM – 101 12TH AVE. NW, HAMPTON, IA

ENTRY FEE: \$12 NO REFUNDS (does not include insurance)

ENTRY DEADLINE BY MAIL: POSTMARKED JANUARY 2, 2010 (WALK-INS AT THE DOOR \$15)

AWARDS: Medals for all places! All wrestlers will wrestle in a 4-man round robin bracket. We will try to avoid byes and wrestlers from the same town in the same bracket.

SCHEDULE:

DIVISION	AGE	WEIGH-IN	WRESTLING (approx.)
Novice	k-2 nd Grade	4-5 p.m.	5:30-8 p.m.
Pee-Wee	3 rd & 4 th Grade	4-5 p.m.	5:30-8 p.m.
Bantam	5 th & 6 th Grade	6:30-7:30 p.m.	8-10 p.m.
Senior	7 th & 8 th Grade	6:30-7:30 p.m.	8-10 p.m.

ADMISSION: Adults - \$3.00 Students - \$2.00

FORMAT:

- Matches will consist of 1 minute periods. OVERTIME – sudden victory (1 min; 30 sec)
- Decisions of the official are final
- I.H.S.A.A. rules will be followed
- Any 2 man brackets will be best 2 out of 3 wins (IF AGREED BY BOTH WRESTLERS)
- Head Gear is optional
- Any wrestler causing trouble will be disqualified and will forfeit any matches and awards
- Concessions will be available throughout the night
- Entry fee of \$12 must accompany entry form or you will be charged walk-in price, \$15

MAKE CHECKS PAYABLE TO H-D WRESTLING BOOSTER CLUB

MAIL ENTRIES TO: Ron Hansen, 1581B 110th ST, Hampton, IA 50441; Phone: 563-320-1206

(In the event of inclement weather, cancellations will be aired on the following radio stations:
KLMJ Hampton, KLSS Mason City, KOKZ Waterloo and KIAQ Fort Dodge)

ENTRY FORM

(Must be postmarked by January 2, 2010)

Name _____ Grade _____

Address _____ Town & State _____

Home Phone _____ Weight _____

I certify that _____ is in the _____ grade and has my permission to compete in the Hampton-Dumont Round Robin Youth Wrestling Tournament on January 8, 2010. I hereby accept full responsibility for his/her behavior and participation. I agree not to hold the Hampton-Dumont School district and the Hampton-Dumont Wrestling Booster Club or its members responsible for injury or accident to my youngster. I understand neither is carrying medical insurance to cover any injury to my youngster. I agree that only I'm liable for any lost or stolen articles.

Signed _____ Dated _____