

Holstein Kiwanis Youth Wrestling Tournament

February 18, 2012

Galva-Holstein High School, Holstein, Iowa

Weight classes will be decided after all entries are received. Divisions will be as follows and wrestling times are approximate:

	<u>Senior</u>	<u>Junior</u>	<u>Novice</u>	<u>PeeWee</u>	<u>Super PeeWee</u>
Age	13-15	11 & 12	9 & 10	7 & 8	6 & Under
Weigh-ins:	7:00-8:00 am	7:00-8:00 am	8:30-10:00 am	8:30-10:00 am	8:30-10:00 am
Wrestling:	8:30 am	8:30 am	10:30am	10:30 am	10:30 am

ENTRY FEE: \$12 pre-paid or \$15 at the door (NO REFUNDS)

\$10 Team Entry Fee must be paid when team rosters are turned in.

ADMISSION: \$4 Adults; \$3 Students; Free for children under 5. \$10 for Family admission.

AWARDS: All participants will be awarded medals, 1st through 4th place.

1st, 2nd, and 3rd place team trophy in each session, Junior-Senior session and SuperPeeWee, PeeWee, Novice session.

10 WRESTLER TEAMS maximum, teams may still compete with less than 10 wrestlers in each session.

Team rosters need to be turned in as soon as possible, before brackets are posted.

WRESTLERS MUST BE FROM THE SAME CLUB FOR TEAM COMPETITION!

IMPORTANT: In case of bad weather, listen to KCHE, KIDA, KAYL or KDSN radio stations, KMEG or KTIV TV. Stations.

BREAKFAST AND LUNCH WILL BE AVAILABLE BY THE HOLSTEIN KIWANIS

.....CUT ALONG THIS LINE.....

Division Wrestling In _____

NAME _____ GRADE _____ AGE _____

ADDRESS _____ RECORD- W _____ L _____

CITY _____ ST _____ ZIP _____

PHONE # _____ WRESTLING CLUB _____

I certify that _____ is the age stated and has my permission to compete in the Holstein Kiwanis Youth Wrestling Tournament. I certify that his/her behavior, participation, obedience and good sportsmanship will be displayed throughout the day. In consideration of my accepting this entry, I hereby, for myself, my child, my ward, my heirs, executors, and administrators waive and release any and all rights and claims for damages we may have against Holstein Kiwanis Club, Galva-Holstein School District, their subcommittees, agents, representatives, and assigns for any and all injuries suffered at said tournament, I am also responsible for my own child's insurance coverage and medical expenses.

Parent's / Guardian's Signature _____

Email address: _____

Mail Entry Form and Fee To:

Bob Schiernbeck
105 S. Lubeck St
Holstein, IA 51025

Make all checks payable to: Holstein Kiwanis

Phone Registrations or questions you may call: **Bob Schiernbeck 712-368-4419**
712-210-5379-cell