

Lost Grove Wrestling Tournament

Saturday, December 5th, 2009

Harcourt Community Center Gymnasium
116 Larch Street, Harcourt, Iowa (Next to the Water Tower)
Harcourt is located near the intersection of Hwy 169 & Hwy 175

REGISTRATION FEE: \$ 15.00

DIVISIONS: Pre-K - K (Super Pee-Wee), 1st - 2nd (Pee-Wee),
3rd - 4th (Bantam), 5th - 6th (Novice), 7th - 8th (School Boy/Girl)

WEIGH-INS: 7:00-8:30 a.m. Pre-K thru 2nd Grade
9:30-10:00 a.m. 3rd thru 6th Grade
11:00 a.m.-Noon 7th and 8th Grade

FORMAT: Pre-K- K(Super Pee-Wee) will wrestle 4 man round robin.
*****All other divisions we will wrestle 6 and 8 Man Brackets when possible.*****
All ages will wrestle 3- 1 min. periods.

AWARDS: Olympic sized die cast medals, wall charts and **T-Shirt** for the Champion
All other places will receive an Olympic sized die cast medal

ADMISSION: \$2.00 School Age Children - Adult, (4 and under free)
Coaching passes are required to be at the edge of the mat because of our small gym: \$1.00/wristband, available at the door.

CONCESSIONS: Breakfast will be served in the morning and lunch items in the afternoon.
(Please do not bring in coolers) Fruit, baked goods, and other snacks & beverages will be available throughout the day.

CONTACT: Damon Clancy, Phone: 515-370-2602 Email: raguclancy@yahoo.com
Pre-Registrations may be sent to: Damon Clancy
Make check payable to Lost Grove Wrestling Club P.O. Box 353
Gowrie, Iowa 50543

-----Clip this and send in with entry fee-----

Name: _____ Circle Skill Rating: Beginner Moderate Advanced

Address: _____ Weight: _____ Grade: _____ Age: _____

City/State/Zip: _____ Division: _____

I certify that the above information is correct and that my child has my permission to compete in the Lost Grove Wrestling Tournament. I hereby accept all responsibility for their behavior and participation. I agree to NOT hold the Lost Grove Wrestling Club, the Harcourt Community Center, the City of Harcourt, the Tournament & Wrestling Club Committee, and or any workers responsible for injury or accident to my child.

Signature of Parent or Guardian: _____ Phone: _____ Date: _____