

'Lil Panther Wrestling Tournament
Saturday, January 16, 2010 - Monticello, IA
(Inclement Weather date - Jan 17, 2010)

Sponsored by: Monticello Athletic Booster Club **Location:** Monticello High School
 Tournament Dir.: Mark Spensley - Ph: (319) 480-1579 on Hwy 38 So.

--CERTIFIED REFEREES--

PRE-REGISTRATION ONLY

**BREAKFAST AVAILABLE AT TOURNAMENT SITE, CONCESSION
 STAND AVAILABLE THROUGHOUT THE DAY (NO COOLERS ALLOWED)**

BRACKETS: All Round Robin; wrestlers will be paired in groups of 3-4, each will wrestle 2-3 times.
WEIGH-INS: 7:00 - 8:00 AM wrestlers who do not arrive by 8:00 AM sharp - weigh-in time - will be disqualified.
AWARDS: Trophys.
ENTRY FEE: \$12.00 (does not include insurance). Payment must accompany form. **(NO PHONE INS)**
 Entries must be **RECEIVED by 5pm Thursday, January 14, 2010**
 Permission slip must be **signed by a parent or guardian**. Not valid if not signed. **No refunds** if unable to attend, declared absent or disqualified for any reason.
WEIGHTS: Weight classes will be decided by the entries RECEIVED, you must be within 3 lbs. of your entry weight. Anyone 14 years old must compete in the senior division. Anyone who has reached their 15th birthday cannot compete in this tournament.
TEAM COMPETITION: Team scores will be kept for those who wish to enter as one team. Five man team roster to be declared at site. **Wrestler from each division plus one(1) at Large. \$6.00 ENTRY.**
 Trophies to top 3 teams.

-----Cut and mail-----

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Cut and mail, MUST BE RECEIVED BY 5pm THURSDAY, JANUARY 14, 2010

NO WALK-INS

NO PHONE-INS

NO FAX

Mail Entry Fee - \$12.00 to: Monticello Athletic Booster Club
 c/o MARK SPENSLEY
 14762 Tuetken Lane
 Monticello, IA 52310

Make checks payable to:
 Monticello Athletic Booster Club
 (fee must be enclosed)

I CERTIFY THAT: NAME _____
 STREET _____
 CITY, ST., ZIP _____
(To assist in seeding) CLUB (school) _____
 Telephone No. _____

Has my permission to compete in the 'Lil Panther Wrestling Tournament. I hereby accept full responsibility for his/ her behavior and for his/ her participation. I waive all claims for damage, loss, or injury. I understand that the Monticello Athletic Booster Club and Monticello Community Schools cannot be held responsible for lost items or liable for accidents. **ALL WRESTLERS ARE RESPONSIBLE FOR THEIR OWN INSURANCE.**

SIGNATURE OF PARENT OR GUARDIAN: X _____ **DATE** _____

Must be signed (NOT VALID IF NOT SIGNED)

RECORD: WINS _____ **LOSSES** _____ **TIES** _____

Division	Grade	Weight	Age	Grade
Pee Wee	Kind - 2nd	_____	_____	_____
Bantam	3rd & 4th	_____	_____	_____
Junior	5th & 6th	_____	_____	_____
Senior	7th & 8th	_____	_____	_____

Entry must be RECEIVED no later than 5pm THURSDAY, JANUARY 14, 2010 (this form may be photocopied)