

13th ANNUAL UNIVERSITY OF OKOBOJI YOUTH WRESTLING TOURNAMENT Saturday, December 10, 2011

LOCATION: Spirit Lake High School
2701 Hill Avenue
Spirit Lake, Iowa 51360

Weigh-Ins for PreK-4th - 7:00 a.m.-8:00 a.m.
Weigh-Ins for 5th-8th - 9:00 a.m. - 10:00 a.m.

DIVISIONS

Pre-K and Kdg. (Super Pee Wee)
1st and 2nd Grade (Pee Wee)
3rd and 4th Grade (Novice)
5th and 6th Grade (Junior)
7th and 8th Grade (Senior)

AWARDS

Pre-K and Kdg. all receive 1st Place Trophies or Medals
Medals 1st through 4th place
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Cancellations will be on **KUOO Radio 103.9**

Concessions (including breakfast and lunch) will be served throughout the day in the cafeteria.

ENTRY FEE: \$10.00 Pre-registration - No Refunds - \$15.00 at the door and call-ins
Mailed entries must be postmarked by December 2, 2011.
Entries Limited to First 350. Entry Fees Do Not Include Insurance

WRESTLING TO BEGIN AT 9 a.m. for Pre-K-4th grade. 5th Grade-8th Grade will begin at the completion of Pre-K-4th

Wrestlers will be paired in a four-person bracket and wrestle the other three contestants. Matches will be three one-minute periods. Overtimes wrestled if necessary.

NOTE EXCEPTION: Pre-K and Kdg. will wrestle 30-second periods.

ENTRY FORM - MAIL THIS PORTION WITH ENTRY FEE

MAKE CHECKS PAYABLE TO: Spirit Lake Youth Wrestling Club, Inc.

MAIL ENTRY FORM AND FEE TO: Spirit Lake Youth Wrestling Club, Inc., P.O. Box 151, Spirit Lake, IA 51360 **Tournament Director:** Cheri Tunland, email ctunland@mchsi.com, 712-336-4985 (H)

NAME _____ GRADE LEVEL _____ DIVISION _____

ADDRESS _____ HOME PHONE _____

TOWN _____ WEIGHT _____ AGE _____

STATE _____ ZIP _____ BIRTHDATE _____

SCHOOL _____

I certify that _____ is in the _____ grade and has my permission to compete in the University of Okoboji Youth Wrestling Tournament. I hereby accept full responsibility for his/her behavior and participation. I agree to not hold the Spirit Lake Community Schools, the SL Youth Wrestling Club, Inc. or its members or agents responsible for injury or accident to my child or for lost items. All wrestlers are responsible for their own insurance.

Signed _____ Date: _____

(Parent or Guardian)

(This entry form may be duplicated)