

OSAGE

LITTLE DEVIL WRESTLING TOURNAMENT

8 Man Brackets for 3rd-8th grade!!!!

DATE: Saturday, Jan. 2nd
PLACE: Osage Community High School
WEIGH-IN: Times below.

DIVISIONS:	Peewees - Kindergarten Division 1 - 1st & 2nd Grade Division 2 - 3rd & 4th Grade Division 3 - 5th & 6th Grade Division 4 - 7th & 8th Grade	<u>Weigh-in time</u> 8:30-9:00 9:15-9:45 10:00-10:30 11:00-11:30 12:30-1:00
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Weigh-in times will be adhered to strictly in order to make tournament run smoothly.

ENTRY FEE: \$12.00 (Postmarked Dec.28th) NO REFUNDS
\$15 – WALK-INS WELCOME Make checks payable to Little Devil Mat Club
 mail to: Deb Goodale (Telephone: 641-732-3744)
 810 Lime Kiln Rd
 Osage, Iowa 50461

We will have 4-man round robin brackets for K-2nd Grade. We will have 8-man brackets for 3-8th grade this year. Weight classes will be determined after entries have been received. Weight classes will be set up accordingly after weigh-ins. We will do our best to fill brackets. We will wrestle all the way out to 8th place!

AWARDS: Champion T-shirts will be given for 1st place and 2nd thru 4th place will be awarded medals, immediately following the last match of each bracket. Top 4 wrestlers will stay together and move to the awards area upon completion of the last match.

THE LITTLE MAT CLUB WILL SPONSOR A CONCESSION STAND THROUGHOUT THE TOURNAMENT.

A minimal admission fee will be charged for spectators.
 Iowa High School rules will apply.
 Please keep sportsmanship in mind at all times!!

(Keep top portion for reference-cut off and return lower portion)

MAIL BY Dec 28th

NAME _____ CITY _____ STATE _____

AGE _____ BIRTHDATE _____ SCHOOL _____

RECORD _____ (Won/Lost)

DIVISION (Circle One) **Peeewe** **DIV. 1** **DIV. 2** **DIV. 3** **DIV. 4**

I certify that _____ was born on the date stated, and has my permission to compete in the Osage Booster Club Tournament. I hereby accept full responsibility for his behavior and for his participation. I agree to not hold the Osage Community School and/or the Little Devil Mat Club responsible for injury or accident to my child. I understand that neither is carrying medical insurance to cover my child.

SIGNED _____ (Parent or Guardian)