

# CLEAR LAKE YOUTH WRESTLING TOURNAMENT

Saturday, January 28, 2017

With 6 Team Trophies

Clear Lake High School  
125 North 20<sup>th</sup> Street  
\*Turn South at Dairy Queen\*

**NO CALL INS**  
**WALK-INS WELCOME**

**ENTRY FEE:** \$12 in advance; \$15 at door, (NO REFUNDS) Forms must be postmarked by January 24th, 2017.

**AWARDS:** 1<sup>st</sup> through 4<sup>th</sup> place

All wrestlers will wrestle in 4-man Round-Robin events.

Hopefully, no byes will be necessary and pairing wrestlers from the same town can be avoided. Each wrestler should wrestle three (3-minute) matches. Senior wrestlers will wrestle on full mats.

	Grades	Weigh-In	Wrestling
Senior	7 & 8	7:15-7:45	8:30-9:45
Junior	5 & 6	8:00-8:30	9:45-11:15
Bantam	3 & 4	9:30-10:00	11:15-12:45
Pee Wee	1 & 2	11:00-11:30	12:45- 2:15
Squirts	Preschool & K	12:30-1:00	Immediately following 1 & 2

Squirts-Bantam will remain on the mat until done wrestling.

**ADMISSION:** \$3.00 Adults, \$2.00 non-wrestlers & students (Under kindergarten free)

**Team= Top 20 Kids-Club affiliation must be indicated at time of entry.**  
**Only (1)one team can be entered per Club.**

Form may also be downloaded and printed at [www.thepredicament.com](http://www.thepredicament.com)

## FORMAT:

- Matches will consist of three one-minute periods
- Decision of officials are final
- I.H.S.A.A. rules will be followed
- Any 2-man bracket will be best 2 out of 3 wins
- Head Gear is optional
- Any wrestler causing trouble will be disqualified and forfeit any matches and awards and will be held accountable.
- Concession will be available throughout the day, including breakfast. (Clear Lake Youth Wrestling-Mighty Lions Club)
- Entry fee must accompany entry form. Make checks payable to: Clear Lake Youth Wrestling Club.
- Send entries to Clear Lake Youth Wrestling, P.O. Box 458, Clear Lake, Iowa 50428

If you have further questions, please call Doug Munn at 641-494-7330 ([doug@leconst.com](mailto:doug@leconst.com)) or Dale Richtsmeier at 641-529-1310  
[dalerichtsmeier@gmail.com](mailto:dalerichtsmeier@gmail.com)

Wrestler's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Team or Town \_\_\_\_\_ Weight \_\_\_\_\_  
Season's Record \_\_\_\_\_ & \_\_\_\_\_ Paid: Check \_\_\_\_\_ Cash \_\_\_\_\_

I certify that \_\_\_\_\_ is in the \_\_\_\_\_ grade and has my permission to compete in the Clear Lake Round-Robin Wrestling Tournament. I hereby accept full responsibility for his/her behavior and participation. I agree not to hold the Clear Lake Community School District and/or Clear Lake Mighty Lions Youth Club or its members responsible for injury or accident to my child.

Signed \_\_\_\_\_  
(This form may be duplicated)