



2018 CAMANCHE LIL' INDIANS OPEN WRESTLING TOURNAMENT

- DATE:** Sunday, November 25th, 2018
- LOCATION:** Camanche High School, 937 9th Avenue, Camanche, Iowa
Do not mail form to this address! Please mail to PO box below.
- TIMES:** Wrestlers May Weigh In at One of the Following Times:
3:00 - 5:00pm on Saturday, November 24th
10:00 - 11:00am on Sunday, November 25th
Tournament wrestling will start at 12:00pm on Sunday and will finish by approximately 5:30pm.
- DIVISIONS:**
- | | |
|--------------|--|
| Super PeeWee | Preschool-Kindergarten |
| PeeWee | 1 st - 2 nd Grades |
| Bantam | 3 rd - 4 th Grades |
| Novice | 5 th - 6 th Grades |
| Junior | 7 th - 8 th Grades |
- ENTRY FEE:** \$15 Per Wrestler (Postmarked by Tuesday, November 20th, 2018) or \$20 at the Door
Call-Ins and Walk-Ins Accepted
- FORMAT:** 4-Person Round Robin Format When Possible, Three One-Minute Periods
IHSAA Officials
Two Coaches Per Wrestler Per Mat, No Exceptions
- AWARDS:** Individual Trophies or Medals for 1st - 4th Place
T-Shirts for All Tournament Champions!
- CONCESSIONS:** Full Concessions Open All Day
- ADMISSION:** Adults \$4.00, Students \$2.00
- INFORMATION:** Ryan Kinkaid at (563)357-8857 or Email camanchewrestlingclub@gmail.com
- PAYMENT:** Please make checks payable to: Camanche Wrestling Club
Mail to: Camanche Wrestling Club, P.O. Box 221, Camanche, Iowa 52730
Sorry...Refunds Not Available



- - - ✂ KEEP TOP INFO PORTION - - - - MAIL BOTTOM PORTION - - - - -

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Wrestler: _____ **Club/School:** _____

Age: _____ **Grade:** _____ **Birth Date:** _____ **Weight:** _____

Last Season Wins: _____ **Last Season Losses:** _____

Wrestler's Experience Rating (Use Criteria Below): _____

1=Beginner 2=Intermediate 3=AAU State Qualifier 4=AAU State Placewinner

*An accurate rating gives your wrestler the best matches.

Parent Name(s): _____

Cell Phone #s: _____

Mailing Address (include city/state/zip): _____

Email Address(es): _____

I certify that the above named wrestler was born on the date stated above and has my permission to compete in the Camanche Lil' Indians Open Tournament. I hereby accept full responsibility for his/her behavior, participation, and insurance coverage. I hereby release all claims of loss and damages against the Camanche Wrestling Club and the Camanche Community School District. If my child needs medical attention, it is my wish that the treatment begins while efforts are made to contact me. I hereby consent to any medical procedures that physicians believe are needed, with the understanding that efforts will continue to be made to contact me.

Parent Signature: _____

Date: _____