

11th Annual Lo-Ma Youth Club Wrestling Tournament

Logan-Magnolia High School - Logan, IA

Sunday, December 30, 2018

Time: 9:30 a.m.

Entry Fee: \$15.00

Admission: Adults \$3.00 --- Students \$2.00

Weigh In: Sat, December 29 - All Grades --- **6:00 p.m. to 8:00 p.m.**

Sun, December 30 - 7th & 8th Grade, 3rd & 4th Grade - **6:30 a.m. to 8:00 a.m.**

5th & 6th Grade, 1st & 2nd, PreK-K **10:00 a.m. to 11:30 a.m.**

Format: 4-man round robin (everyone will wrestle 3 matches where possible)

Session 1: Senior (7th & 8th) & Bantams (3rd & 4th) will wrestle at approximately 9:30 a.m.

Session 2: Mini Pee Wees (PreK-K), Pee Wees (1st & 2nd) & Juniors (5th & 6th) will wrestle at approximately 1:00 p.m.

Team Tournament: Teams will consist of up to 10 wrestlers per session. \$10 per team entry. Sign-up will take place at registration.

Awards: Trophies for 1st-3rd Medals for 4th

Top 3 teams per Session 1 & per Session 2 will receive trophies

Concessions: will be sold throughout the day

Mail Entry Form & \$15.00 Entry Fee payable to:

Craig Charbonneau 124 West 3rd St Logan, IA 51546

For Information Call: Craig Charbonneau 712-216-0175 or Teige Melby 712-249-5905

Cut & Save

(Limit of 400 wrestlers)

Mail this registration with check to:

Craig Charbonneau 124 West 3rd St Logan, IA 51546

Email: tkmelby@loganet.net

Lo-Ma Youth Club Wrestling Tournament Official Entry Form

Name _____ Age _____ Club _____
(Please print clearly)

Date of Birth _____ Grade _____ Weight _____ Phone _____

Rate Wrestler (circle) Beginner Intermediate Advance

If no rate is provided, your child will be assumed to be advanced

I certify that _____ is in the grade stated. I certify he/she has my permission to wrestle in the Lo-Ma Youth Tournament. I will not hold the tournament directors or their agents responsible for injury or accident occurring during his/her travel to or participation in said tournament. I hereby accept responsibility for his/her behavior while on school premises. I hereby authorize (in my absence) competent medical treatment administered by licensed medical authority in case of injury or accident during participation.

Signature of parent or guardian _____ Date _____

NO REFUNDS