

# WEST MARSHALL WRESTLING TOURNAMENT

In Memory of Jesse Nason



Friday, December 14, 2018  
West Marshall High School  
3<sup>rd</sup> Street NW, State Center



WEIGH-IN: 4:00 - 5:30 PM

FIRST ROUND: 6:00 or as close as possible

AWARDS: Champion t-shirt and medals for all wrestlers.  
Awards will be handed out following the completion of each weight class.

DIVISIONS: PK-K 1<sup>st</sup>-2<sup>nd</sup> 3<sup>rd</sup>-4<sup>th</sup> 5<sup>th</sup>-6<sup>th</sup>

CLASSES: Brackets will be pre-bracketed. Must be within 3 lbs of registration weight or you will forfeit. No refunds.

ROUND ROBIN FORMAT First 300 entries accepted

## ENTRY FEE:

\$15.00 (if postmarked by Monday, December 10<sup>th</sup>)

**CHECKS PAYABLE TO:** WM Mat Club

**MAIL COMPLETED ENTRY FORM AND FEE TO:**

Todd Kline

1127 230<sup>th</sup> Street, State Center, IA 50247

**EMAILED ENTRIES:** \$20 (accepted through 6:00 PM Thursday, December 13<sup>th</sup>)

**Email to:** [wmyouthwrestling@gmail.com](mailto:wmyouthwrestling@gmail.com)

**ABSOLUTELY NO WALK-INS OR CALL-INS.**

**ABSOLUTELY NO EMAIL ENTRIES AFTER 6 PM on THURSDAY, DECEMBER 13<sup>th</sup>.**

For more information, call Todd Kline: (641)751-6744 (cell)

Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Record/Experience: \_\_\_\_\_

WAIVER: In consideration of my son or daughter entering this tournament, I hereby, for myself and my child, his heirs, executors, and administrations, waive and release any and all rights and claims for damage I may have against West Marshall Youth Wrestling, West Marshall Community School District, its subcommittees, agents, representatives, and assigns for any and all injuries suffered by my child at said tournament. Signed:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_