

**ST. EDMOND BOOSTER CLUB WRESTLING TOURNAMENT
FRIDAY, JANUARY 4, 2019**

DIVISION	GRADES	WEIGH-IN	WRESTLE
PEE WEE	K-2	4:00-4:45	5:00
BANTAM	3-4	5:30-6:15	6:30
JUNIOR	5-6	7:00-7:45	8:00
SENIOR	7-8	8:00-8:45	9:00

NO REFUNDS – NO WALK-INS

MAILED ENTRY DEADLINE – **RECEIVED BY JANUARY 2, 2019**
CALL-IN ENTRY DEADLINE 8:00 pm on **JANUARY 3, 2019**

Contact: Dillon Nelson at 515-227-6150
nelsondillonse13@gmail.com

MAIL ENTRIES TO:
ST. EDMOND WRESTLING TOURNAMENT
Dillon Nelson
1814 6th Ave N
FORT DODGE, IA 50501

TROPHIES FOR 1ST, MEDALS FOR 2ND- 4TH

Entry Fee \$12.00 mailed, \$15.00 call-in

Admission: Adults \$5, Students \$3, Matside Coaches Pass \$10 (in addition to admission)

ALL WRESTLERS MUST BE WITHIN 3 LBS. OF ENTRY WEIGHT

NAME _____ GRADE _____ ADDRESS _____

TELEPHONE _____ CLUB/TEAM _____

DIVISION _____ WEIGHT _____ RECORD _____

WAIVER MUST BE SIGNED

We the undersigned parents or legal guardians of ___ -
_____ age _____, the participant, do hereby and agree to his/her participation in the activities of the St. Edmond Booster Club Wrestling Tournament and on behalf of ourselves individually and as the parents or legal guardians of the before mentioned participant, that the St. Edmond Booster Club and all of its agents, officers, volunteers and members shall be free from liability to the foregoing participant, his/her parents or legal guardians for any loss arising out of participation in the St. Edmond Booster Club Wrestling Tournament and we do hereby release from liability and responsibility the foregoing organization and the persons along with their heirs and executors from such responsibility and liability in any form. I am aware that no insurance is provided for this tournament.

\Parent/Guardian: _____ Date: _____