

# 12th Annual Lo-Ma Youth Club Wrestling Tournament

Logan-Magnolia High School - Logan, IA

## Sunday, December 29, 2018

**Entry Fee:** \$15.00

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

**Weigh In:** Sat, December 28 - All Grades --- **6:00 p.m. to 8:00 p.m.**

Sun, December 29 - 7<sup>th</sup> & 8<sup>th</sup> Grade, 3<sup>rd</sup> & 4<sup>th</sup> Grade - **6:30 a.m. to 8:00 a.m.**

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

**Walk-ins Welcome**

**Girls Only Brackets When Possible**

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

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

**Session 2:** Mini Pee Wees (PreK-K), Pee Wees (1<sup>st</sup> & 2<sup>nd</sup>) & Juniors (5<sup>th</sup> & 6<sup>th</sup>) 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 1<sup>st</sup>-3<sup>rd</sup> Medals for 4<sup>th</sup>  
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**