

MT. PLEASANT WRESTLING TOURNAMENT

DATE: Sunday December 1st, 2019

Location: Mt. Pleasant High School
2104 S Grand Ave

DIVISIONS/ AGES (No Provision for grade in school)

5 & 6, 7 & 8 Weigh-in: 7:30 – 8:15 AM

9&10, 11&12, 13&14 Weigh-in: 10:00 – 10:30 AM

Entry Fees: \$15.00 in advance

\$20.00 at the door – WALK-INS WELCOME **NO CALL INS!!!**

SPECTATOR ADMISSION: Students - \$1.00 Adults - \$2.00

COACHES ADMISSION & PASS: \$5.00 (**ONLY WRESTLERS & COACHES WITH PASSES ARE PERMITTED ON STAGING SIDE OF THE FLOOR.**)

TROPHIES FOR 1st PLACE, MEDALS FOR 2ND – 4TH

RULES: 3 – one minute periods, high school overtime rules. (4 man round robin)

FOOD: There will be concessions available.

Send registration and payment to: Please make checks payable to the Mt. Pleasant Comm. Schools

Anthony Blint

1000 W Clay Cell Phone: 319-931-5536

Mt. Pleasant, IA 52641

Email: adblints@mchsi.com

ENTRY FORM: Please clip and feel free to reproduce & distribute
Mail-in entries must be postmarked by Wednesday, Nov. 25

NAME (print) _____ AGE _____ BIRTH DATE _____

ADDRESS / CLUB _____

AGE (yrs): 5 & 6 _____ 7 & 8 _____ 9 & 10 _____ 11 & 12 _____ 13 & 14 _____ Approx. Wgt _____

Win-Loss record _____ Rate your wrestler: good _____ average _____ beginner _____

I certify that my son/daughter was born on the date stated above and has permission to compete at the Mt. Pleasant Wrestling Tournament, and I hereby accept full responsibility for his/her behavior and insurance coverage. I will not hold the Mt. Pleasant School District or any agents thereof responsible or liable for any accidents that may occur at this tournament and I will be responsible for any damages caused by my son/daughter's involvement.

Parent or Guardian signature: _____ Date: _____