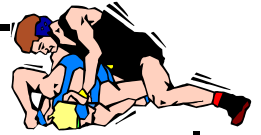


# ROCKFORD WARRIOR BOOSTER CLUB YOUTH WRESTLING TOURNAMENT

**SUNDAY, JANUARY 5, 2020**  
Rockford High School



### 5 DIVISIONS:

Division 1: Kindergarten  
Division 2: 1<sup>st</sup> & 2<sup>nd</sup> Grade  
Division 3: 3<sup>rd</sup> & 4<sup>th</sup> Grade  
Division 4: 5<sup>th</sup> & 6<sup>th</sup> Grade

### WEIGH-IN TIMES:

12:00 – 12:30 p.m.  
12:00 – 12:30 p.m.  
1:00 – 1:30 p.m.  
1:00 – 1:30 p.m.

**4 Man Bracket – Round robin with each wrestler having 3 matches.**  
**T-shirts & bracket sheet will be awarded to K-4<sup>th</sup> grade.**  
**T-shirts & bracket sheet will be awarded to 5<sup>th</sup> & 6<sup>th</sup>.**

Return the entry form signed by both the participant and parent or legal guardian along with the entry fee of \$15.00 payable to Rockford Warrior Booster Club. **EARLY ENTRY IS ENCOURAGED!** However, WALK-INS welcome.

For more Information, contact Heidi at 641-430-3075

**In Case of Bad Weather – listen to KLSS (FM 106.1) or watch KIMT Channel 3**

Mail entries to: Warrior Booster Club  
PO Box 174  
Rockford, IA 50468

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## ENTRY FORM

DIVISION: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
Kindergarten Grades 1 & 2 Grades 3 & 4 Grades 5 & 6

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_ WIN/LOSS RECORD: \_\_\_\_\_

I certify that \_\_\_\_\_ was born on the date stated, and has my permission to compete in the ROCKFORD WARRIOR BOOSTER CLUB WRESTLING TOURNAMENT. I also certify that he/she is in the \_\_\_\_\_ grade. I, the parent or legal guardian of \_\_\_\_\_ will not hold the Rudd-Rockford-Marble Rock Community School District or not the Rockford Warrior Booster Club responsible if anything should happen to him/her while participating in the Rockford Warrior Booster Club Wrestling Tournament nor while on the property of the Rudd-Rockford-Marble Rock Community School District. We agree to not hold the Rockford Warrior Booster Club nor the Rudd-Rockford-Marble Rock Community School District responsible for any lost or stolen personal property.

SIGNED: \_\_\_\_\_  
(Parent or Guardian)

DATE: \_\_\_\_\_