

BECKMAN HIGH SCHOOL

LITTLE BLAZER WRESTLING TOURNAMENT

PLACE: Beckman High School
1325 9th St. SE
Dyersville, Iowa



DATE: Sunday February 2, 2020

DIVISIONS: K-2(PeeWee), Grades 3/4(Novice), 5/6 (Junior), 7/8 (Senior)

AWARDS: Trophies for all places K-Grade 2. Medals Grades 3-8.
Club Trophy for 1st Place in Team Points

WEIGH-INS: 10:30-11:00 AM

WRESTLING STARTS shortly after weigh-ins (approx 11:15-11:30)

ENTRY FEE: \$15 IN ADVANCE If payment received by Thursday, January 11
\$20 AT THE DOOR

*** Checks payable to : LITTLE BLAZERS WRESTLING CLUB ****

SEND ENTRIES TO: Tom Hageman, 2031 Castle Hill Drive SE, Dyersville, IA 52040

***** WALK-INS WELCOME *****

- Registered Officials. 4 Man Brackets (round robin format)
- Lunch on Grounds, No Carry-Ins.
- (3) 1 minute periods for K-Grade 6. (3) 90 second periods for Grades 7-8.
- For more info contact Tom Hageman at tjhageman5@gmail.com (563-581-9234)

CLIP AND SEND WITH PAYMENT TO ABOVE ADDRESS

NAME: _____ PARENTS: _____

ADDRESS: _____ CITY/ST/ZIP: _____

HOME PHONE AND/OR CELL PHONE _____

Wt: _____ AGE: _____ BIRTH DATE: _____ SCHOOL/CLUB: _____

GRADE: _____ DIVISION: *Peewee(PreK-2)* _____ *Novice(3-4)* _____ *Junior (5-6)* _____ *Senior (7-8)* _____

EXPERIENCE (beginner, intermediate, advanced): _____ RECORD: _____ *****

I certify that _____ was born on the date stated and has my permission to compete in the LITTLE BLAZER WRESTLING TOURNAMENT. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Beckman High School, the Beckman Booster Club, Little Blazer Wrestling Club, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all rights and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

Signed (by Parent or Guardian): _____ Date: _____