

# Little TigerHawk Wrestling Tournament

Saturday, January 4, 2020

North Fayette Valley High School  
600 North Pine St.  
West Union, IA 52175



- Deadline:** Entries by mail must be received by Thursday, January 2, 2020. Walk-ins will be accepted.
- Entry Fee:** \$15 in advance; \$20 at the door. **NO REFUNDS**  
(In case of inclement weather go to [www.kwwl.com](http://www.kwwl.com))  
Announcements will also be posted on Facebook @ TigerHawk Wrestling Club
- Send to:** Amanda Rodgers - Little TigerHawk Wrestling Club, 702 Crestview Dr., West Union, IA 52175  
(Make Checks Payable to: Little TigerHawk Wrestling Club)
- Weigh-ins:** All wrestlers will weigh-in from 7:30-8:30 a.m. (The wrestler's actual weight at time of weigh-in will be used.) Wrestling will begin as soon as bracketing is complete.
- Matches:** Four-man Round Robin format. We will attempt to pair wrestlers by experience and age if possible. 1-1-1 minute format with sudden death overtime.
- Admission:** \$5-Adults \$2-Students (K-6) and Preschool free; Concessions will be available, please do not bring coolers.
- Awards:** Trophy for 1<sup>st</sup> and Medals to 2<sup>nd</sup>-4<sup>th</sup> place. Awards after bracket completion.
- Contact:** Email Amanda Rodgers at [carodgers5151@gmail.com](mailto:carodgers5151@gmail.com) or call 563-370-3435  
OR Chris Lundgren at [kcroyalesales@gmail.com](mailto:kcroyalesales@gmail.com) or call 920-517-8947

**Please rate your wrestler's skills as follows:**

**Excellent** (State qualifiers and place winners)  
**Average** (50/50 or lower record)

**Good** (More wins than losses)  
**Beginner** (1st year or wrestled in few tournaments)

\*\*\*\*\* DIVISIONS \*\*\*\*\*

Tiny Tot PreK-K	Pee Wee Grades 1-2	Cadet Grades 3-4	Junior Grades 5-6
Weight _____	Weight _____	Weight _____	Weight _____
Record _____	Record _____	Record _____	Record _____
Rating _____	Rating _____	Rating _____	Rating _____

Name: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE: \_\_\_ AGE: \_\_\_ BIRTH DATE: \_\_\_\_\_ SCHOOL/HS TEAM: \_\_\_\_\_ PHONE: \_\_\_\_\_

I certify that \_\_\_\_\_ was born on the date stated, weight entered is accurate, and has my permission to compete in the Little TigerHawk Wrestling Tournament. I hereby accept full responsibility for this child's behavior and for their participation. Obedience and good sportsmanship will be displayed throughout the day. I understand that North Fayette Valley Community School District and Little TigerHawk Wrestling Club, or any of their agents, are not responsible or liable for any accidents or injuries. (Including travel, arrival and departure) Insurance is not provided.

\_\_\_\_\_  
Signature of Parent or Guardian Date