



Sunday, January 12, 2020

Where: **Davenport North High School**
626 W. 53rd St.
Davenport, IA 52806

Divisions:	Super Pee-Wee (K & under)	4 man round robin bracket
	Pee-Wee (1 st & 2 nd)	4 man round robin bracket
	Bantam (3 rd & 4 th)	4 man round robin bracket
	Junior (5 th & 6 th)	4 man round robin bracket
	Senior (7 th & 8 th)	4 man round robin bracket

Matches: Super Pee-Wee, Pee-Wee, Bantam & Junior 1-1-1; Senior 2-1-1. All matches will be refereed by certified officials.

Weigh-In: 7:00am – 8am. Wrestlers must be within 3lbs. of stated weight

Awards: **Trophies:** Super Pee-Wee through Bantam for 1st through 4th place finishers
Medals: Junior through Senior for 1st through 4th place finishers
All Champions receive wall chart

Coaches: Limit 2 coaches per mat

Concessions: All day during tournament

Admission: Adults \$5, Students \$1

Entry Fee: \$15.00 if received by **Jan. 1st**. After Jan 1st and walk-in's will be \$18.00

Make Checks: **Wildcat Youth Wrestling Club**

Mail Entry: **Brian Zirkel**
1316 Calvin Street
Davenport, IA 52804

Wildcat Youth Wrestling Club: Brian Zirkel (563) 340-9703 northyouthwrestlingclub@yahoo.com

Please return this portion with your payment

PLEASE PRINT LEGIBLY

Official
Use Only

Wrestlers First Name: _____ Last Name _____ Phone _____

Email address: _____ Grade: _____ Weight(within 3lbs) _____ Club (if any) _____

Division (please circle one): Super Pee-Wee (K & under) Pee-Wee (1st- 2nd) Bantam (3rd- 4th) Junior (5th - 6th) Senior (7th - 8th)

Experience (please circle one): Beginner Intermediate Advanced

Address: _____ City: _____ State: _____ Zip: _____

Parent / Guardian Approval: "I certify that _____ is in the _____ grade and accept full responsibility for his/her conduct while participating in the Davenport Wildcat SmackDown wrestling tournament. I also waive all claims against the tournament and its officials and organizers for any injuries that occur while my child is participating. I will be responsible for all damages to the school property caused by the above entrant and understand that I need to provide my own insurance.

Signature: _____

Date: _____