

# WEST BRANCH WRESTLING CLUB TOURNAMENT

Sunday, Feb 16, 2020

**No admission charge at the door on the day of the tournament!**

West Branch High School, 900 West Main St., West Branch, IA



## Limited to the first 260 wrestlers

**Entry Fee:** \$25.00: MUST BE PRE-REGISTERED on line – NO PHONE INS, WALK-INS or EMAIL ENTRIES

**There will be no gate entry fee everyone gets in free!**

**Make checks payable to:** West Branch Wrestling Club

**Deadline:** Entries must be *received* by **Thursday, February 13, 2020 (get them in early!)**

**Mail To:** West Branch Wrestling Club, P.O. Box 185, West Branch, IA 52358

**Weigh-Ins:** All wrestlers will weigh in from 8:00 AM – 9:00 AM

Wrestling will begin at approximately 9:30 AM

\*Wrestlers must be within 3 pounds of their registered weight or you may forfeit your entry\*

**Matches:** 1-1-1 for Pee Wee, Bantam and Novice, 2-1-1 for Juniors, OT if required

Each wrestler must carry their own insurance.

**Brackets:** 4 wrestler Round Robin - every attempt will be made to make the most competitive brackets possible

*Note any special requests on entry form (willing to wrestle up, give up a little weight, beginner, etc) to help bracketing*

**Trophy, Wall Chart for 1<sup>st</sup> place; medals for 2<sup>nd</sup>-4<sup>th</sup> places.**

**Team Competition:** TEAM COMPETITION with Trophies for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> places.

**Questions?** Call Mike Thomas, (319) 936-8426

\*\*\*\*\*CERTIFIED REFS\*\*\*\*\*CONCESSIONS ALL DAY\*\*\*\*\*NO COOLERS IN GYM PLEASE\*\*\*\*\*

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Register online at: <https://forms.gle/StrA4zWPK8KymUWf6>

2019 West Branch Youth Wrestling Tournament Registration Form  
PLEASE PRINT NEATLY ON THIS FORM – the brackets are made from this!

Division: (CIRCLE ONE) Super Pee Wee (PreK-K) Pee Wee (1-2) Bantam (3-4) Novice (5-6) Junior (7-8)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Club \_\_\_\_\_ Phone \_\_\_\_\_  
Area code Phone Number

Grade \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Years of wrestling \_\_\_\_\_ Record wins/losses \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Other Notes \_\_\_\_\_

I verify that my above named son/daughter was born on the above stated date and give my full permission for him/her to compete in the West Branch Wrestling Club Tournament. I take full responsibility for my son's/daughter's actions on and off the mat. I also understand that West Branch Community Schools, West Branch Wrestling Club members and volunteers are not liable for injuries or lost or stolen items incurred while participating in this event.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (PRINTED) name: \_\_\_\_\_

Make checks payable to:  
West Branch Wrestling Club  
Mail entry form and fees to: WB Wrestling Club  
P. O. Box 185, West Branch, IA 52358

No Call Ins or Walk Ins, please!