



8th Annual Holiday Brawl



PLACE: BENTON COMMUNITY HIGH SCHOOL-VAN HORNE, IOWA
DATE: THURSDAY, DECEMBER 27, 2018

WEIGH-IN: NONCOMPETITIVE BEGINNERS 3:30 – 5:15 pm SHARP
ALL OTHER DIVISIONS: 3:30-5:30 SHARP

PRICE: \$15 Pre-Registered \$20 Walk-In

WRESTLING: Non-Competitive beginner division will start at 5:30 and will run to completion
All other divisions will begin as close to 6:00 as possible

11 MATS WILL BE USED ENTIRE TOURNAMENT

IAHSAA CERTIFIED OFFICIALS

DIVISIONS	GRADES	PERIODS	AWARDS
NONCOMPETITIVE BEGINNER DIVISION	Pre- K	1-1-1	ALL 4 - 4 Trophy
COMPETITIVE PEE WEE DIVISION	1 st - 2 nd	1-1-1	1 st - Trophy, 2 nd /3 rd /4 th - Medal
NOVICE DIVISION	3 rd - 4 th	1-1-1	1 st - Trophy , 2 nd /3 rd /4 th - Medal
JUNIOR DIVISION	5 th - 6 th	1-1-1	1 st - Trophy , 2 nd /3 rd /4 th - Medal
SENIOR DIVISION	7 th - 8 th	2-1-1	1 st - Trophy , 2 nd /3 rd /4 th - Medal

Pre-Register on Track Wrestling!!

ROUND ROBIN

4-MAN BRACKETS

3 MATCHES

TROPHIES & MEDALS

PRE-REGISTER ON TRACKWRESTLING.COM SEARCH "BENTON HOLIDAY BRAWL"
<http://www.trackwrestling.com/registration/BasicPreReg1.jsp?tournamentGroupId=68132>

IF NECESSARY MAIL ENTRY AND \$15.00 BY DECEMBER 21st TO:

Atkins Elementary
C/O Cynda Mehlert
217 4th Ave
Atkins, IA 52206

**MAKE CHECKS PAYABLE TO
BENTON COMMUNITY WRESTLING CLUB**

For Questions:

MaryAnn Heying at LNMHeying@msn.com or (319) 533-6288

Cynda Mehlert at cmehlert@benton.k12.ia.us or (641) 203-4764

MAIL IN REGISTRATIONS NEED TO BE RECEIVED BY FRIDAY, DECEMBER 21ST
REGISTER ON TRACKWRESTLING BY 8PM ON WEDNESDAY, DECEMBER 26TH
WALK-IN REGISTRATION AVAILABLE AT DOOR \$20.00

TROPHIES FOR FIRST PLACE-- MEDALS FOR 2ND, 3RD, 4TH
(COMPETITIVE PEE WEE DIVISION WILL BE SCORED AND WINNER RECEIVES A TROPHY)
(NONCOMPETITIVE BEGINNER DIVISION WILL NOT BE SCORED AND ALL 4 RECEIVE A TROPHY)

(CUT HERE AND SEND IN)

IN CONSIDERATION OF MY ACCEPTING THIS ENTRY, I HEREBY, FOR MYSELF, MY HEIRS, AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE BENTON COMMUNITY SCHOOLS, ITS SUBCOMMITTEES, AGENTS, REPRESENTATIVES AND ASSIGNS, FOR ANY AND ALL INJURIES SUFFERED BY ME AT SAID TOURNAMENT.

NAME: _____ SCHOOL: _____ WEIGHT: _____
ADDRESS: _____ AGE: _____ GRADE: _____ BIRTHDATE: _____
RECORD: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE: _____
PARENT/ GUARDIAN SIGNATURE