



54th Annual Mike Reynolds' Little Wildcat

Tournament



Saturday, January 23rd, 2021

Carlisle High School, 430 School St, Carlisle, Iowa

Limit of 2 guests with each wrestler!!!

Division 1

Grades 1&2

Weigh-In 7:00-7:30

Wrestle Approx. 8:30

Division 2

Grades 3&4

Weigh-In 9:30-10:00

Wrestle Approx. 10:45

Division K

Kindergartners

Weigh-In 11:45-12:15

Wrestle Approx. 1:00

Division 3

Grades 5&6

Weigh-In 12:45-1:15

Wrestle Approx. 2:00

Division 4

Grades 7&8

Weigh-In 2:30-3:00

Wrestle approx. 3:30

CLASSES: 4-man round robin brackets (if possible) 3 one minute periods
Jr. High will wrestle one 2 minute period followed by two 1 minute periods.

AWARDS: Medal, wall chart awarded to 1st Place. Medals for 2nd, 3rd and 4th.

ENTRY FEE: \$18 if mailed in advance; Walk-ins \$20.

Gate Admission: Adults \$3.00 Students (K-12) \$2.00

Make checks payable to: CARLISLE YOUTH ATHLETICS

Mail to: Sarah Noland Carlisle Youth Athletics,
PO Box 142, Carlisle, IA 50047

Questions? Call: Sarah Noland (515)208-1556 or sarahenoland@msn.com

Make checks payable to: Carlisle Youth Athletics

Entries must be postmarked no later than Tuesday, January 15 .

DOES NOT INCLUDE INSURANCE. NO REFUNDS.

CONCESSIONS AVAILABLE

***** ENTRY BLANK *****

Weight: _____ Grade: _____ Birthdate: ____/____/____ Age _____

Last Name _____ First Name: _____

Address: _____ City _____ State _____ Zip _____

School/Club _____ Phone: _____

Record (if any) WIN _____ LOSS _____

WAVIER: In consideration of my son or daughter entering this tournament, I hereby, for myself and my child, his/her heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Carlisle Boosters, Carlisle Community School, its sub committees, agents, representatives and assigns for any and all injuries suffered by my child at said tournament.

PARENT OR

GUARDIAN SIGNATURE: _____ DATE: _____

Weight: _____ Grade: _____ Birthdate: ____/____/____ Age _____

Last Name _____ First Name: _____

Address: _____ City _____ State _____ Zip _____

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Record (if any) WIN _____ LOSS _____

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