

CLARKE WRESTLING CLUB

TOURNAMENT

SUNDAY, December 9, 2018

Clarke Community High School-Osceola, IA use Entrance 8

4 MAN ROUND ROBIN
TROPHY and T- shirt for 1st place
MEDALS for 2nd, 3rd, and 4th places

<u>Divisions</u>	<u>Grades</u>	<u>Weigh-ins</u>	<u>Wrestling (approx.)</u>
K & Under	Pre-K – K	8:45 – 9:30 a.m.	10:15 a.m.
Super Pee Wee	1 – 2	8:45 – 9:30 a.m.	10:15 a.m.
Pee Wee	3 – 4	8:45 – 9:30 a.m.	10:15 a.m.
Junior	5 – 6	11:45 – 12:15 p.m.	1:15 p.m.
Senior	7 – 8	11:45 – 12:15 p.m.	1:15 p.m.

ENTRIES: \$ 12.00 (no refunds) MUST BE POSTMARKED BY December 5th
Call-ins (\$ 15.00) accepted until 4:00 p.m. December 8th
Entry limit 300 – NO walk-ins

Admissions: Adults \$ 4.00, Students \$ 1.00

Questions/call-ins: Scott Campfield 641-414-1257 , Adam Domina 641-414-5775 ,Sue Jones 641-414-1098 or Brittany Cline 641-414-9105

Mail entry fee and form to:

Scott Campfield
411 South Lincoln St.
Osceola, IA 50213

(Make checks payable to Clarke Mat Club)

Name _____ Date of Birth: ___/___/___ Phone: (___) _____

Address: _____ City _____ State: _____ Zip: _____

Division: _____ Grade: _____ Weight: _____ Age: _____ Club: _____

Wins: _____ Losses: _____ (2017-2018)

I certify that _____ was born on the date stated and has my permission to compete in the Clarke Wrestling Club Tournament. I also certify that he/she is in the _____ grade. I understand that no insurance coverage is provided for my child and I hereby accept full responsibility for his/her behavior and participation. I hereby release Clarke Wrestling Club, Clarke Community School District, and the volunteers for any liability from any accidents or injuries sustained by my child or us during the course of the Clarke Wrestling Club Tournament.

Signature of parent/guardian _____ Date: _____