

# Little Buc Wrestling Tournament

## East Buchanan High School

414 5<sup>th</sup> Street North  
Winthrop, Iowa 50682

### Sunday, January 20 @ 12am

**Pre-registration Fee:** \$15.00 (Must be post marked by Monday, January 14)

**Online - Register online at [www.ebmatclub.com](http://www.ebmatclub.com) UNTIL 7pm Friday January 18<sup>th</sup>**

**Walk-in registration: 9:30am - 11:00am Cost \$20**

**Weigh-ins: 9:30 am – 11:00 am**

**Wrestling: Starts @ 12:00**



#### Wrestling Divisions

#### PeeWee Division

PK-K(must be 4 years old)

#### Cadet Division

1<sup>st</sup>-2<sup>nd</sup> Grade

#### Bantam Division

3<sup>rd</sup>-4<sup>th</sup> Grade

#### Junior Division

5<sup>th</sup>-6<sup>th</sup> Grade

#### Senior Division

7<sup>th</sup>-8<sup>th</sup> Grade

**Format:** All Divisions will wrestle in a 4 Man Round Robin Bracket.

**PeeWee Division:** No score will be kept for PeeWee Division all will receive a medal.

**Cadet/Bantam/Junior/Senior Divisions:** Medals will be awarded for 1<sup>st</sup> through 4<sup>th</sup> place.

**Team Trophies:** Teams will consist of up to 6 wrestlers. \$20.00 per team entry. Your team may include wrestlers from Cadet, Bantam, Junior or Senior Division. No PeeWee wrestlers. Please visit our website [www.ebmatclub.com](http://www.ebmatclub.com) for rules and entry form. Provide wrestlers names & divisions with your entry form to avoid teammates in the same bracket. 5 Man Brackets will be awarded 1-5 point. Tie breaker will be total number of pins. Trophies to Top 3 teams.

**Admission:** Adults \$4.00 Students \$2.00 **Concessions will be provided. No Coolers allowed.**

**Contact:** Mike Ries @ 563-920-6998 or Fred Peck @ 563-920-5944 OR [info@ebmatclub.com](mailto:info@ebmatclub.com)

Forms available at [www.ebmatclub.com](http://www.ebmatclub.com)

*Make Checks payable to East Buc Mat Club*

**Send Pre-registration and entry fee to: EB Mat Club, PO Box 273, Winthrop IA 50682**

*In the event of Bad Weather, we will NOT cancel or reschedule -the tournament will be held.*

-----Clip this and send in with entry fee-----

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Age \_\_\_\_ Grade \_\_\_\_ Record W: \_\_\_\_ L: \_\_\_\_ School/Mat Club \_\_\_\_\_

Mailing address: \_\_\_\_\_

Circle Skill Rating: Beginner Moderate Advanced

PeeWee Division

Cadet Division

Bantam Division

Junior Division

Senior Division

\_\_\_\_\_ Wt.

\_\_\_\_\_ Wt.

\_\_\_\_\_ Wt.

\_\_\_\_\_ Wt.

\_\_\_\_\_ Wt.

I certify that the above information is correct and that my child has my permission to compete in the Little Buc Wrestling Tournament. I hereby accept all responsibility for their behavior and participation. I understand that the East Buchanan Wrestling Club and East Buchanan CSD cannot be held responsible for lost items, or liable for accidents. All wrestlers are responsible for their own insurance.

Signature of Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_