

EAST SAC BOOSTER CLUB YOUTH TOURNAMENT JANUARY 19, 2019

EAST SAC COUNTY HIGH SCHOOL-LAKE VIEW, IA

DIVISION	GRADES	WEIGH-IN	WRESTLE
SUPER PEE-WEE	Pre-K-K	7:00-8:00 a.m.	9:00 a.m.
PEE-WEE	1-2	7:00-8:00 a.m.	9:00 a.m.
BANTAM	3-4	9:00-10:00 a.m.	ASAP after weigh -ins
NOVICE	5-6	9:00-10:00 a.m.	ASAP after weigh- ins
JUNIOR	7-8	9:00-10:00 a.m.	ASAP after weigh-ins

TOURNAMENT INFORMATION

1. \$12.00 advance entry fee. \$15.00 at the door. Advanced entries will be refunded if you contact the tournament director by 6:00 p.m. on January 18 if you cannot attend.
2. Medals for all places. Wall chart for the champion of each bracket.
3. We will use a 4 Man Round Robin format when possible. If no byes are necessary, every wrestler should wrestle 3 times. Participants from the same town/club/school will be placed in separate brackets when possible. No more than 2 coaches allowed matside. Headgear is optional. Matches will consist of 3 one- minute periods. Junior matches will be 1:30-1-1 minute periods.
4. A concession stand will be available.
5. Admission: Adults \$3.00 Students \$2.00 If there is bad weather listen to 101.7 or 93.7 for announcements.

To pre-register, complete the form, detach, and mail by January 13. Limit 300 wrestlers.

Name _____ Grade _____

Weight _____

Address _____

Phone _____

email _____

Division

School, Club, or Town affiliation

Super Pee-Wee

Pee-Wee

Bantam

Novice

Junior

I (We) certify that _____ is currently in the grade stated and has my permission to compete in the 2019 East Sac Booster Wrestling Tournament. I/We accept full responsibility for the contestant's behavior and participation during the course of the tournament. I/We release the East Sac Booster Club (and all other clubs, agencies, and individuals assisting with the wrestling tournament) from all liability and responsibility for any accidents involving or injuries sustained by my/our child or ourselves and companions, during the course of the tournament (including arrival and departure). The East Sac Booster club is not responsible for lost or stolen items.

Signature _____

Date _____

Make checks payable to East Sac Booster Club

Mail to: Sammie Bruce, 626 Oak Street, Sac City, Iowa 50583

Email: sjbruce64@gmail.com