

*Le Mars Wrestling Club Tournament  
Saturday, November 9th, 2019*

Where: Le Mars Community High School- 921 3<sup>rd</sup> Ave. SW Le Mars IA.

Weigh-ins: All weigh-ins will be from 9-10 am

Wrestling starts: When bracketing is done. **WE WILL BE USING 2 GYMS THIS YEAR.**

Format: Four man round robin.

**Divisions: Super Pee-Wee   Pee wee   Novice   Junior   Senior**  
Pre K-K      1st & 2nd      3rd & 4<sup>th</sup>      5th & 6<sup>th</sup>      7th & 8<sup>th</sup>



Awards: Trophy and wall bracket for champions. Medals for 2nd-4th.

***Team trophies this year for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> places. (teams of 10 for \$20)***

**Track Wrestling will be used at this tournament. You can pre-register at [trackwrestling.com](http://trackwrestling.com)**

Admission: Adults \$5.00 Students \$3.00

Food: There will be a food stand available. No coolers allowed

Entry Fee: Pre Register- \$15/ Walk-ins -\$20.

MAKE CHECKS PAYABLE TO: Le Mars Wrestling Club

No Refunds.

Mail To: Le Mars Wrestling  
731 2<sup>nd</sup> Ave. SE  
Le Mars, IA 51031

**Postmark by November 6<sup>th</sup> if mailed**

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**SEND NAME, WEIGHT, DIVISION, CLUB, SKILL LEVEL (SEE BELOW)**

**TO: [lemarswrestlingclub@gmail.com](mailto:lemarswrestlingclub@gmail.com) by November 8th at noon.**

Questions call: (712)541-1570 or (712)541-9174

I certify that \_\_\_\_\_ was born on the date stated below and has my permission to compete in the Le Mars Wrestling Club Tourney. I hereby accept full responsibility for his/her behavior, participation, and insurance coverage. I hereby release all claims of loss and damages I may have against the Le Mars Wrestling Club or Le Mars Community School District. If my child needs medical attention, it is my wish that the treatment begins while efforts are made to contact me. I hereby consent to any medical procedures that the physician believes needed, on the understanding that efforts will continue to be made to contact me.

Parent signature \_\_\_\_\_ Cell # \_\_\_\_\_ Date \_\_\_\_\_

**SKILL LEVEL (PLEASE CIRCLE) EXCELLENT GOOD AVERAGE BEGINNER**

Name \_\_\_\_\_ Team \_\_\_\_\_

Division \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_