



MAQUOKETA WRESTLING CLUB 2020 Little Cards Tournament

Sunday, December 13th, 2020

Maquoketa High School, 600 Washington St., Maquoketa, Iowa

Divisions	Weigh In:	Wrestling Starts (Approximate):
Super PeeWee (K & Under)	7- 8:00 am	9:00 am
PeeWee (1st-2nd Grade)	7- 8:00 am	9:00 am
Bantam (3rd-4th Grade)	9-10:00 am	11:00 am
Junior (5th-6th Grade)	9-10:00 am	11:00 am
Senior (7th-8th Grade)	9-10:00 am	11:00 am

Entry Fees: Pre-Registered \$15 (No refunds) Pre Registered Deadline: Postmarked by Tuesday, Dec. 8, 2020.
*** Walk-ins Accepted: \$20 *** **MASK REQUIRED. 2 adults per wrestler permitted. 1 coach at mat.**

Awards: 3 ¼" Medals will be given to all places – Awards will be announced in North Gym.

Rules: Wrestlers will be grouped in 4 MAN ROUND ROBIN brackets. IHSAA rules apply with modifications.
Matches will be 1-1-1 with 1 minute OT & 30 second tiebreaker. **IHSAA OFFICIALS will be used.**

7-8 will wrestle on full mat and matches will be 2-1-1 with 1 minute OT & 30 second tiebreaker.
Super PeeWee & PeeWee will wrestle 2 periods minimum if pinned in 1st 2 periods. The pin wins.

Concessions: *Pending*Food will be available throughout the tournament in the cafeteria. ****No Coolers Allowed****

Admission: \$5 Adults. ONLY 2 adults per wrestler allowed. **NO COACHES PASSES REQUIRED**

SEND REGISTRATIONS AND ENTRY FEES TO: **Maquoketa Wrestling Club**
1717 E Maple St.
Maquoketa, IA 52060

Contact: Daryl Schepers (563)212-3540 Cell
or email: dmservice1002@qwestoffice.net

Make checks payable to: Maquoketa Wrestling Club

Please return the bottom portion of this sheet with your entry fee postmarked no later than December 8th. ***Walk ins will be accepted***

NAME: _____ BIRTHDATE: ____/____/____

ADDRESS: _____

CITY/STATE: _____ PHONE: (____) _____ - _____

SCHOOL/CLUB: _____ WEIGHT: _____ GRADE: _____ DIVISION _____

LAST YEAR'S RECORD: _____ - _____

Be honest; we try to match wrestlers by age, weight, & ability. If we believe you are not truthful about your record, we reserve the right to pair the wrestler as if he has a 30-0 record.

I certify that the above information concerning the participant is correct. The above participant has my permission to compete in this tournament and I have the authority to grant that permission. I agree not to hold the Maquoketa Community School, the Maquoketa Wrestling Club, or individuals members, associates, employees or other persons in any way affiliated with these entities or this tournament responsible or liable for any accidents or injuries that may occur at this tournament. I hereby accept full responsibility for the above participant's behavior, participation and insurance coverage during this event.

Parent/Guardian Signature: _____ Date: _____