

# INDIANS WRESTLING KIDS CLASSIC

Sunday, December 9, 2018

Marion High School

675 South 15<sup>th</sup> St.

Marion, Iowa

**Deadline:** Entries by mail must be received by Thursday, December 6<sup>th</sup>. **ABSOLUTELY NO WALK INS!!**  
**Trackwrestling sign up until the end of the day Friday December 7<sup>th</sup>.**

**Entry Fee:** \$20 –Make checks out to: Indian Wrestling Club. No refunds.

**Send to:** Mail form and \$20 entry fee to: Tom Thompson, 1980 Concord Dr., Marion, Iowa 52302.  
Contact Tom with question [kidswrestling1@gmail.com](mailto:kidswrestling1@gmail.com) or by phone (319)-573-6329

**Officials:** We will have certified high school officials.

**Weigh-ins:** All wrestlers will weigh-in from 12:00pm to 1:30pm.  
Wrestling will begin at app. 2:00 pm. Wrestlers must be within 3 lbs. of your registered weight.

**Matches:** 4 man RR format, will attempt to pair wrestlers by experience and age. 1-1-1 minute format with 1 min. sudden victory, 30 second overtime periods if necessary. 7<sup>th</sup> & 8<sup>th</sup> division will be 2-1-1 minute periods.

**Admissions:** Admission is free for spectators  
**Awards:** Awards for all participants  
1st Trophy  
2nd thru 4th medals

**NOTE:** Pairings will be made prior to the tournament. Therefore, enter your EXACT weight on the entry form in the appropriate age division below. Any wrestler who exceeds his entered weight by more than 3 lbs. will risk being scratched.

Remember: No email, phone or faxed entries. Entry must be received by Thursday, December 6<sup>th</sup>.

PeeWee Division  
Grades K – 2

Bantam Division  
Grades 3 & 4

Junior Division  
Grades 5 & 6

Senior Division  
Grades 7 & 8

Weight \_\_\_\_\_  
Record \_\_\_\_\_  
Yrs. Exp. \_\_\_\_\_

Weight \_\_\_\_\_  
Record \_\_\_\_\_  
Yrs. Exp. \_\_\_\_\_

Weight \_\_\_\_\_  
Record \_\_\_\_\_  
Yrs. Exp. \_\_\_\_\_

Weight \_\_\_\_\_  
Record \_\_\_\_\_  
Yrs. Exp. \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SCHOOL/HS TEAM: \_\_\_\_\_ PHONE: \_\_\_\_\_

I certify that \_\_\_\_\_ was born on the date stated, weight entered is accurate, and has my permission to compete in the Indians Kids tournament. I hereby accept full responsibility for his behavior and for his participation. Obedience and good sportsmanship will be displayed throughout the day. I understand that Marion High School, nor any of their agents, are not responsible or liable for any accidents or injuries. Insurance is not provided.

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

\_\_\_\_\_  
Date

Mail entry form and \$20 fee to: Tom Thompson, 1980 Concord Dr. Marion IA 52302.  
Please make checks payable to Little Indian Wrestling Club.