

# 2018 MARSHALLTOWN WRESTLING CLUB YOUTH TOURNAMENT

WHEN: **SUNDAY, DECEMBER 16, 2018**  
*Wrestling will begin at approximately 12:30 pm*

WHERE: MARSHALLTOWN HIGH SCHOOL  
ROUNDHOUSE GYMNASIUM  
1602 SOUTH 2<sup>ND</sup> AVE. MARSHALLTOWN, IA 50158  
7 MATS, CONCESSIONS AVAILABLE

ENTRY DEADLINE: DECEMBER 14, 2018

ENTRY FEE: \$15 - POSTMARKED DECEMBER 14, 2018  
\$20.00 FOR CALL-INS AND WALK-INS

DIVISIONS: NON-COMPETITIVE: K-2 (BEGINNERS-NO MATCH SCORE KEPT)  
COMPETITIVE: K-2 3-4 5-6 7-8

WEIGH-INS: 10:00 AM - 11:00 AM

RULES: 3-1 MINUTE PERIODS WITH O.T. (IHSAA RULES)  
4 MAN ROUND ROBIN

AWARDS MEDALS K-8<sup>th</sup> GRADE AND CHAMPIONSHIP T-SHIRT  
NON COMPETITIVE - MEDALS

CHECKS PAYABLE TO: MARSHALLTOWN WRESTLING CLUB  
MAIL TO: DAVID WISE  
1401 FAIRWAY DR.  
MARSHALLTOWN, IA. 50158

FOR MORE INFORMATION CONTACT:  
DAVID WISE: E-MAIL [deacon3110@gmail.com](mailto:deacon3110@gmail.com) 641-751-0956

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## MARSHALLTOWN WRESTLING CLUB YOUTH TOURNAMENT

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Division: (PLEASE circle one) NON-COMPETITIVE: K-2  
COMPETITIVE: K-2 3-4 5-6 7-8

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Club: \_\_\_\_\_

Record: \_\_\_\_\_ - \_\_\_\_\_ Weight: \_\_\_\_\_ Number of years in wrestling: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

As a parent or legal guardian for the above athlete, I hereby waive any responsibility for the Marshalltown Wrestling Club and the tournament staff for accidental injury during the tournament.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone