

PCM "JR MUSTANG" WRESTLING TOURNAMENT

SATURDAY JANUARY 26, 2019

LOCATION: PCM HIGH SCHOOL, 400 E HWY 163 MONROE, IOWA

<u>GRADE</u>	<u>WEIGH-IN</u>	<u>WRESTLE TIME</u>
7 TH – 8 TH	7:30-8:00 A.M.	8:30- 10:30 A.M.
5 TH . 6 TH	9:15-10:00 A.M.	11:00 A.M-12:30 P.M.
3 RD .4 TH	11:15A.M.-12:00P.M.	1:00-2:30 P.M.
K-2 ND	1:15-1:45 P.M.	3:00-4:30P.M.

LARGE TROPHY TO K-2ND GRADE CHAMPION

MEDALS TO 2ND THROUGH 3RD PLACE K-2ND

MEDALS TO 3RD THROUGH 8TH GRADE

4MAN ROUND ROBIN —JR. HIGH ONLY WILL BE 5 MAN WHEN POSSIBLE

CONCESSIONS ALL DAY!

ENTRY FEE IS \$15

ENTRIES MUST BE RECEIVED BY JAN 24TH.

CHECKS PAYABLE TO MUSTANG MAT CLUB

SEND ENTRY TO RENAE TOOL 10179 RIFLE STREET MONROE, IOWA 50170

CALL-INS, AND EMAIL TAKEN UNTIL JANUARY 25TH \$20

WALK-INS WELCOME -\$20

MORE INFORMATION CONTACT RENAE TOOL @641-521-4870

ENTRY FORM

NAME _____ AGE _____ GRADE _____

EMAIL _____ PHONE _____

WEIGHT _____ RECORD WINS _____ LOSSES _____

YEARS OF EXPERIENCE _____ SCHOOL/CLUB _____

I CERTIFY THAT THE ENTRY ABOVE IS IN GRADE STATED, AND HAS MY PERMISSION TO COMPETE IN THE JR. MUSTANG WRESTLING TOURNAMENT. I HEREBY ACCEPT RESPONSIBILITY FOR HIS/HER BEHAVIOR AND PARTICIPATION. I AGREE NOT TO HOLD THE PCM SCHOOL DISTRICT OR THE PCM MAT CLUB OR ITS MEMBERS RESPONSIBLE FOR INJURY OR ACCIDENT TO MY WRESTLER. I UNDERSTAND THAT NEITHER IS CARRYING MEDICAL INSURANCE TO COVER MY WRESTLER.

SIGNED PARENT OR GUARDIAN _____