

WESTWOOD YOUTH WRESTLING TOURNAMENT

SATURDAY, FEBRUARY 25, 2012

WESTWOOD HIGH SCHOOL GYMNASIUM, 300 WESTWOOD DR., ISHPEMING, MI
WHS IS LOCATED JUST OFF OF US HWY 41 IN WEST ISHPEMING

PRE-K - 8TH GRADE FOLKSTYLE WRESTLING

4 WRESTLER ROUND ROBIN

3; 1 MINUTE PERIODS

7TH AND 8TH GRADE WRESTLERS WILL WRESTLE ON A FULL MAT WITH A CERTIFIED OFFICIAL

LIMIT 400 WRESTLERS

PRE-REGISTRATION IS VERY MUCH PREFERRED...NO PHONE REGISTRATIONS!

REGISTRATIONS MUST BE RECEIVED BY FEBRUARY 17TH

WEIGH-INS

8:00AM - 9:00AM EST

WRESTLING TO BEGIN AFTER BRACKETING

AWARDS

MEDALS AWARDED FOR ALL INDIVIDUAL PLACES

12 WRESTLER TEAM TOURNAMENT 1ST - 4TH PLACES

TEAM ROSTERS ARE DUE BY 9:30 ON THE DAY OF THE TOURNAMENT

(TEAM MEMBERS MUST BE FROM THE SAME CLUB)

ENTRY FEE

\$ 12 PER WRESTLER PRE-REGISTERED BY 2/17

\$ 15 PER WALK-IN WRESTLER

ALL WRESTLERS WILL BE ELIGIBLE TO WIN CASH!

SPECTATOR FEE: ADULTS \$2 STUDENTS \$1

*** PANCAKE BREAKFAST \$4....BEGINNING AT 8AM ***

FOOD CONCESSIONS WILL BE AVAILABLE ALL DAY!

MAKE CHECKS PAYABLE TO: **WESTWOOD YOUTH WRESTLING**

MAIL REGISTRATION FEE & FORM TO: **WESTWOOD YOUTH WRESTLING**

29500 COUNTY ROAD 58 I

ISHPEMING, MI 49849

QUESTIONS: KATHLEEN CARLSON (906) 485-4104 OR dakatoro@charter.net

TO REGISTER: RETURN BOTTOM PORTION, ALONG WITH YOUR PAYMENT BY FEBRUARY 17TH

EACH WRESTLER MUST HAVE A SIGNED REGISTRATION/WAIVER TO COMPETE.

NAME _____

PLEASE PRINT LEGIBLY - THIS IS HOW YOUR NAME WILL APPEAR ON YOUR WRESTLING BRACKET

GRADE _____ AGE _____ YEARS OF EXPERIENCE _____

(NOT INCLUDING THIS YEAR)

SCHOOL/CLUB _____ PHONE _____

I GIVE MY PERMISSION FOR THE ABOVE NAMED MINOR CHILD TO PARTICIPATE IN THE 2012 WESTWOOD YOUTH WRESTLING TOURNAMENT. I WILL NOT HOLD THE WESTWOOD YOUTH CLUB NOR ANYONE CONNECTED WITH THE TOURNAMENT RESPONSIBLE FOR INJURY, MEDICAL OR DENTAL EXPENSES OR FOR LOST OR STOLEN ARTICLES WHICH MAY OCCUR DURING, TO OR FROM, OR IN THE TRAINING FOR SAID TOURNAMENT.

SIGNATURE OF PARENT OR GUARDIAN _____

