



HAMPTON-DUMONT BATTLE FOR THE BULLDOG



SUNDAY, JANUARY 10TH, 2016

HAMPTON-DUMONT HIGH SCHOOL GYM – 101 12TH AVE NW, HAMPTON, IA

ENTRY FEE: \$20 at the door, no pre-registration (Please enter through north doors)

AWARDS: Medals for all places! All wrestlers will wrestle in a 4-man round robin bracket. We will try to avoid byes and wrestlers from the same town in the same bracket.

TEAM AWARDS: The top two teams will receive a trophy. Team scores are calculated by the following:

4th Place = 1 point, 3rd Place = 2 points, 2nd Place = 3 points, 1st Place = 4 points

SCHEDULE:

AGE	WEIGH-IN	WRESTLING (approx.)
Pre-K–2 nd Grade	11:30-12:30PM	Will begin when bracketing is completed
3 rd –5 th Grade	12:00-1:00PM	Completion of Pre-K–2 nd Grade
6 th –8 th Grade	12:30-1:30PM	Completion of 3 rd –5 th Grade

ADMISSION: Adults – \$3 Students – \$2

FORMAT:

- A. Matches will consist of 1 minute periods. *Overtime* – sudden victory (one minute), ultimate tiebreaker 30 seconds (person who scored first gets choice – top or bottom)
- B. Decisions of the official are final.
- C. I.H.S.A.A. rules will be followed.
- D. Any 2 man brackets will be best 2 out of 3 wins (*if agreed by both wrestlers*).
- E. Head gear is recommended.
- F. Any wrestler causing trouble will be disqualified and will forfeit any matches and awards.
- G. Concessions will be available throughout the day.
- H. No pre-registration. Cost is \$20 at the door.

MAKE CHECKS PAYABLE TO H-D WRESTLING BOOSTER CLUB

(In the event of inclement weather, cancelations will be aired on the following radio stations:
KLMJ Hampton, KLSS Mason City, KOKZ Waterloo, and KIAQ Fort Dodge)

ENTRY FORM

(Bring with you the day of the tournament)

Name _____ Grade _____
 Address _____ Town & State _____
 Home Phone _____ Weight _____

I certify that _____ is in the _____ grade and has my permission to compete in the Hampton-Dumont Round Robin Youth Wrestling Tournament on January 10th, 2016. I hereby accept full responsibility for his/her behavior and participation. I agree not to hold the Hampton-Dumont School District and the Hampton-Dumont Wrestling Booster Club or its members responsible for injury or accident to my youngster. I understand neither is carrying medical insurance to cover any injury to my youngster. I agree that only I'm liable for any lost or stolen articles.

Signed _____ Dated _____