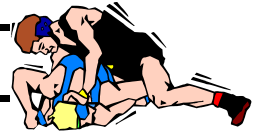




ROCKFORD WARRIOR BOOSTER CLUB YOUTH WRESTLING TOURNAMENT

SUNDAY, JANUARY 4, 2015

Rockford High School



5 DIVISIONS:

Division 1: Kindergarten
 Division 2: 1st & 2nd Grade
 Division 3: 3rd & 4th Grade
 Division 4: 5th & 6th Grade

WEIGH-IN TIMES:

12:00 – 12:30 p.m.
 12:00 – 12:30 p.m.
 1:00 – 1:30 p.m.
 1:00 – 1:30 p.m.

**4 Man Bracket – Round robin with each wrestler having 3 matches.
 Trophies & bracket sheet will be awarded to K-4th grade.
 Medals & bracket sheet will be awarded to 5th & 6th.**

Return the entry form signed by both the participant and parent or legal guardian along with the entry fee of \$15.00 payable to Rockford Warrior Booster Club. **EARLY ENTRY IS ENCOURAGED!** However, WALK-INS welcome. For more Information, contact Kellie at 641-420-5127

In Case of Bad Weather – listen to KLSS (FM 106.1) or watch KIMT Channel 3

Mail entries to: Warrior Booster Club
 PO Box 174
 Rockford, IA 50468

ENTRY FORM

DIVISION: 1 _____ 2 _____ 3 _____ 4 _____
 Kindergarten Grades 1 & 2 Grades 3 & 4 Grades 5 & 6

NAME: _____ WGT: _____ AGE: _____ GRADE: _____

The WBC reserves the right to place the wrestler in a weight class where there may be up to a 10lb variable either up or down.

CITY: _____ STATE: _____ BIRTHDATE: _____

SCHOOL: _____ PHONE: _____ WIN/LOSS RECORD: _____

I certify that _____ was born on the date stated, and has my permission to compete in the ROCKFORD WARRIOR BOOSTER CLUB WRESTLING TOURNAMENT. I also certify that he/she is in the _____ grade. I, the parent or legal guardian of _____ will not hold the Rudd-Rockford-Marble Rock Community School District or not the Rockford Warrior Booster Club responsible if anything should happen to him/her while participating in the Rockford Warrior Booster Club Wrestling Tournament nor while on the property of the Rudd-Rockford-Marble Rock Community School District. We agree to not hold the Rockford Warrior Booster Club nor the Rudd-Rockford-Marble Rock Community School District responsible for any lost or stolen personal property.

SIGNED: _____
 (Parent or Guardian)

DATE: _____