

Valley City Elementary Wrestling Tournament K-6 Saturday March 17, 2007

Name (of wrestler):

Parent/ Guardian(s):

City:

State _____ Zip _____

Date of Birth: _____

Grade: _____

I certify the above information is correct and waive all claims for damage or injury incurred during this tournament. No action shall be taken against Valley City Elementary Wrestling, Valley City Public Schools, or any member affiliated with this tournament.

Signature of Parent or Guardian:

Date:

Weigh-in: 8:00 to 9:00 a.m.
Wrestling Starts: 10:00 a.m.

4 Man Round Robin
Medals for all places

Entry Fee: \$6.00 per wrestler

Location: Valley City High School
Activities Center

Admission: \$5.00 Adults
\$2.00 Children 7-12

Children under 6 and under are free
Concessions will be available.

Contact Jim Hegdahl
Phone: 701-840-1818
Or e-mail: 788254@gmail.com

Official use only:

Paid: Y N

Saturday Weigh-In Weight: _____