



**14<sup>th</sup> ANNUAL WEST FARGO YOUTH WRESTLING  
MARCH 15<sup>TH</sup>, 2008  
INDIVIDUAL & TEAM DUAL TOURNAMENT**

**LOCATION:** West Fargo High School, 801 9<sup>TH</sup> St. E.

**WEIGH IN:** 8AM – 9:30AM (weigh in good for individual and team)

**WRESTLING:** Individual Wrestling Starts At 10:00

Dual team tournament wrestling starts immediately after individuals

**FORMAT:** K-6 with 4 man round robin

**REGISTRATION:** \$10.00 per wrestler and \$125.00 per dual team

**ADMISSION:** Adults - \$5, Students - \$3, Pre-school – FREE

**AWARDS:** All Trophy

**\*\*\*CONCESSIONS WILL BE AVAILABLE ALL DAY\*\*\***

**FOR MORE INFO OR TO RESERVE YOUR DUAL TEAM CONTACT:**

**Kevin Kragnes: 701-261-4515**

**Glenn Vetter: 701-541-4042**

**Dave Staska: 218-790-7334**

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**NAME** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_

**AGE** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_

In consideration for the acceptance of this entry blank, I agree to be legally bound herewith for myself, my heirs, executors, administrators or assigns, and do herewith waive and release the owners or the real estate where this tournament is to be held, and their agents, representatives, committees, and members from any and all claims to rights to damages for injuries and/or loss suffered by me whether by training or traveling to or from this tournament, and further I state I have adequate health and accident insurance to cover any injuries or sickness during this event.

**SIGNED** \_\_\_\_\_ **(PARENT/GUARDIAN)**