

CENTRAL CASS

INDIVIDUAL

ELEMENTARY WRESTLING TOURNAMENT



NAME (of wrestler)

PARENT/ GUARDIAN(S)

CITY _____ ST _____ ZIP _____

DATE OF BIRTH _____ GRADE _____

The undersigned assumes all risks and hazards arising out of the participation and activities of the wrestling club and releases from liability all coaches and supervisors and venue sites of the program.
(Parent or guardian only.)

Print Name

Signature

_____ DATE _____

OFFICIAL USE

PAID \$ Y N

SATURDAY WEIGH IN
WEIGHT _____

SATURDAY MARCH 10, 2007

WEIGH-IN 8:00 TO 9:00

WRESTLING STARTS @ 9:30

CENTRAL CASS SCHOOL

4 MAN ROUND ROBIN (as much as possible)

TROPHIES FOR ALL PLACES

\$7.00 per WRESTLER

\$4.00 ADULTS

\$2.00 CHILDREN 7 TO 12

CHILDREN 6 AND UNDER ARE FREE

CONCESSIONS WILL BE AVAILABLE

Jeff Weber: 701-238-0236

Harry Lemar: 701:347-5228