

Wildcats “Eric Hoffman” Open

Youth Wrestling Tournament

Sunday, January 8, 2012

Where: Davenport North High School
626 W. 53rd St.
Davenport, IA 52806

Divisions:

Super Pee-Wee	(K & under)	4 man round robin bracket
Pee-Wee	(1 st & 2 nd)	4 man round robin bracket
Bantam	(3 rd & 4 th)	4 man round robin bracket
Junior	(5 th & 6 th)	4 man round robin bracket
Senior	(7 th & 8 th)	4 man round robin bracket

Matches: Super Pee-Wee, Pee-Wee, and Bantam 1-1-1; Junior & Senior 2-1-1. All matches will be refereed by certified officials.

Weigh-In: 7:00am – 8am. Wrestlers must be within 3lbs. of stated weight.

Awards: Trophies: 1st through 4th place finishers (Champions receive wall chart)

Coaches: Limit 2 coaches per mat.

Concessions: All day during tournament.

Admission: Adults \$3, Students \$1, Coaches (Must have wristband) \$5.

Entry Fee: \$12.00 if received by **Jan. 1st**. After Jan 1st and walk-in's will be \$15.00.

Make Checks: Wildcat Youth Wrestling Club

Mail Entry: Mike Beebe
2125 W 57th St.
Davenport, IA 52806

Wildcat Youth Wrestling Club: Mike Beebe (563) 940-8265 beebe15511@msn.com

Please return this portion with your payment

Wrestler's Last Name: _____ First Name: _____ Phone: _____

Grade: _____ Weight (Within 3lbs.) _____ Club (if any) _____

Division: _____ Super Pee-Wee (K & under) _____ Pee-Wee (1st - 2nd) _____ Bantam (3rd - 4th)

_____ Junior (5th - 6th) _____ Senior (7th - 8th)

Years of Wrestling _____ Current Record _____

Address: _____ City: _____ State: _____ Zip: _____

***Sign-up online at www.wildcatsyouthwrestling.com**

Parent / Guardian Approval: “I certify that _____ is in the _____ grade and accept full responsibility for his/her conduct while participating in the Davenport North Eric Hoffman Open youth wrestling tournament. I also waive all claims against the tournament and its officials and organizers for any injuries that occur while my child is participating. I will be responsible for all damages to the school property caused by the above entrant and understand that I need to provide my own insurance.

Signature: _____ **Date:** _____