



2011 Camanche Lil' Indians Invitational Wrestling Tournament

- DATE:** Sunday, November 27th, 2011
- LOCATION:** Camanche High School, 937 9th Avenue, Camanche, Iowa
- TIMES:** Weigh-ins will be 5:00-7:00pm on Saturday the 26th or 10:00-11:00am on the 27th. Tournament wrestling will start at 12:00pm (will finish at approximately 4:00pm).
- DIVISIONS:** Super Pee Wee..... Pre-K
Pee Wee 1st - 2nd Grades
Bantam..... 3rd - 4th Grades
Novice 5th - 6th Grades
Junior 7th - 8th Grades
- ENTRY FEE:** \$12 per wrestler – postmarked by November 22, 2011, or \$15 at the door
Call-ins and walk-ins accepted
- FORMAT:** 4-Man brackets, three one-minute-periods
IHSAA officials
Two coaches per wrestler per mat, no exceptions
- AWARDS:** Super Pee Wee/Pee Wee... Individual trophies for 1st-4th place
Bantam/Novice/Junior..... Individual medals 1st –4th Place
T-shirts for all tournament champions!
No team awards
- FOOD:** Concessions open all day
- ADMISSION:** Adults \$4.00, Students \$2.00
- INFORMATION:** Tricia Everson, (563) 212-8334 or lil.indianswrestling@yahoo.com
- PAYMENT:** Please make checks payable to Camanche Junior Wrestling Club
Mail to: Tricia Everson, 2116 12th Street, Camanche, Iowa 52730
Refunds not available



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Wrestler: _____ Hm/Cell Phone: _____
Address (include city/state/zip): _____
Email: _____
Age: _____ Grade: _____ Birth Date: _____ Weight: _____
Wins: _____ Losses: _____ Club/School: _____

I certify that the above named wrestler was born on the date stated above and has my permission to compete in the Camanche Lil' Indians Invitational Wrestling Tournament. I hereby accept full responsibility for his/her behavior, participation, and insurance coverage. I hereby release all claims of loss and damages against the Camanche Junior Wrestling Club and the Camanche Community School District. If my child needs medical attention, it is my wish that the treatment begins while efforts are made to contact me. I hereby consent to any medical procedures that the physician believes are needed, with the understanding that efforts will continue to be made to contact me.

Parent or Guardian Signature

Date