

**Burlington Wrestling Club**  
**Freestyle and Greco-Roman Wrestling Tournament**  
**Saturday, April 7th, 2007**

**Burlington High School**  
**400 McCanna Road**  
**Burlington, WI 53105**

**For Midgets (Born 1997-98) - Novices (Born 1995-96) - Schoolboys (Born 1993-94)**  
**Cadets (Born 1991-92) - Juniors (Born in 1987 or later and in High School)**

**Entry Fee**

**Pre-Registration Fee by April 3rd - \$10 for One Style or \$18 for Both**  
**At the Door - \$12 for each Style \$20 for Both**

**Wrestlers can also Pre-register On-line at [www.tournamentgateway.com](http://www.tournamentgateway.com)**

**USA Wrestling Cards Required – Available at the Door**

**Freestyle or if Wrestling Both Styles Registration and Weigh-ins: 7:30-8:30 AM**  
**Freestyle Wrestling Will Start as Soon as Brackets are Ready after Weigh-ins**

**Greco Only Registration and Weigh-in: 11:00 -11:30 AM**  
**Greco Wrestling Will Start as Soon as Freestyle has Ended**

**4 Man Round Robins – Concessions All Day**

**Awards – Medals for all Places for each Style**

**Rules and Wrestling Clinic put on by WWF State Coach Mike DeRoehn at 8:30 AM**

**For More Info Contact: Kevin Bird 262-206-9843 or [Kevin@wanasek.com](mailto:Kevin@wanasek.com)**

.....  
**BURLINGTON WRESTLING CLUB FREESTYLE AND GRECO TOURNAMENT PRE-REGISTRATION FORM**  
PLEASE PRINT NEATLY IN CAPITAL LETTERS - PLEASE MAIL BY APRIL 1ST

BOTH STYLES \_\_\_\_\_ FREESTYLE ONLY \_\_\_\_\_ GRECO ONLY \_\_\_\_\_

NAME \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BORN IN:

1997 – 1998 Midget

1995 – 1996 Novice

1993 – 1994 Schoolboy

1991 – 1992 Cadet

1987 or later Junior

DATE OF BIRTH \_\_\_\_\_ USA CARD # \_\_\_\_\_

CLUB NAME \_\_\_\_\_

**WAIVER OF RELEASE**

I understand and will abide by the provisions stated in the attachment to the USA wrestling membership card. I will not hold liable the Burlington Wrestling Club or School System, USA Wrestling, Wisconsin Wrestling Federation for any and all claims, demands, losses or damages.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_

For office use only: POB __ USA __ PD __ ck#
-------------------------------------------------

Please Make Checks Payable to the Burlington Wrestling Club and mail to: Cindy Ehlen, 473 Dardis Drive, Burlington, WI 53105