

# Marshall Wrestling Club "FEAR the BIRD"

Youth Tournament PreK thru 8<sup>th</sup> grade

## Saturday, January 30, 2010

Marshall, Wisconsin

High School Gym - 623 W. Madison St (Hwy T)

4 miles North off I-94-exit Hwy 73 • 20 minutes NE of Madison • 75 minutes West of Milwaukee

**Limit: 400**

**Custom Awards**

**Team Trophy: 1<sup>st</sup> & 2<sup>nd</sup>**

**USA CARD REQUIRED & AVAILABLE \$35.00** MUST bring copy of birth certificate if purchasing a card that day.

**5<sup>th</sup> – 8<sup>th</sup> grades:** Registration/Weigh-in 7:00-8:00 AM. Wrestling starts at 9:00 AM.

**Pre-K\* – 4<sup>th</sup> grades:** Registration/Weigh-in 9:30-10:30. Start wrestling at or before 11:30.

\*Pre-K & Kindergarten will be no tears = both wrestlers' hands are raised & receive medals

**Contact:** Rock Meinholz 608-655-4384

**Email:** [marshallwrestlingclub@hotmail.com](mailto:marshallwrestlingclub@hotmail.com)

**Web site:** [www.marshallwrestlingclub.com](http://www.marshallwrestlingclub.com)

**NO REFUNDS!**

**Early Bird Fee:** **\$12.00** for entries postmarked on or before Saturday, January 16, 2010. No exceptions!

**Late Arrival:** **\$15.00** for entries postmarked January 17-25 and at the door.  
**Do not mail registrations after the 25<sup>th</sup> of January as they may not be received in time and you'll be asked to pay again.**

**CONCESSIONS ALL DAY INCLUDING HOT BREAKFAST SEVRED STARTING AT 7AM.**

**PORK SANDWICHES FOR LUNCH. MEAT RAFFLE DRAWING AFTER LUNCH.**

Complete form below, tear off and send with payment to: Marshall Wrestling Club, PO Box 311, Marshall, WI 53559. Do not mail after January 25, 2010. Entry may not be received and you will be asked to pay again.

### Marshall Wrestling "Fear the Bird"

#### Tournament Registration Form

January 30, 2010

**WEIGHT:** completed at weigh-in

**EXPERIENCE:**

**WRESTLER'S LAST NAME:**

**IF APPLIES - LAST SEASON:**

**FIRST NAME:**

**USA CARD #**

**BIRTH DATE:**

**GRADE:**

IF NO CARD – BRING BIRTH CERTIFICATE & \$35.00

**CLUB/SCHOOL:**

**COMPLETE MAILING ADDRESS:**

In consideration of my child's acceptance into the Marshall Wrestling tournament, I, my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representative, committee, and members from any and all claims, rights, and damages for injuries while competing in or traveling to or from this tournament. I also give my authorization for emergency treatment

**PARENT/GUARDIAN SIGNATURE:**

**PHONE NUMBER:**

**DATE:**

MWC USE ONLY: DATE FORM REC'D:

PYMT METHOD: Ck #:

INITIALS