

# Clipper Wrestling Tournament

**Host: Clipper WC**

**Section:** West  
**When:** February 21, 2010  
**Where:** Amboy High School  
11 E. Hawley Street  
Amboy, IL 61310  
**Weigh in:** 6:30-8:00 a.m. start wrestling at 9:00 a.m.  
**Contact:** Vicky Appleman (815) 857-4154  
**Entry Fee:** \$15 pre-registration, \$20 Walk-in  
**Deadline:** February 12, 2010  
**# of wrestlers:** 300  
**Approximate End time:** 3:30 p.m.  
**Divisions:** 8&under, 9-10, 11-12, 13-14  
**Brackets:** Blocked weights with blocked and round robin  
**Team scoring:** No  
**Notes:** Concession stand all day  
**Send forms and Payments to:** CWC  
P.O. Box 121  
Amboy, IL 61310

-----Cut Here and Return with Entry-----

**Wrestler's Name** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Club Name:** \_\_\_\_\_ **Card number:** \_\_\_\_\_

**Division:** 8&under 9&10 11&12 13&14 **# of years wrestling** \_\_\_\_\_

**Record** \_\_\_\_\_

In Consideration of acceptance of this entry, I intending to be legally bound hereby waive and release Amboy Wrestling Club and District #272, their names and agents from any claims or right to damages for injuries or losses suffered by me directly or indirectly while traveling to or from, competing in or attending this tournament. I also understand that I am responsible for my own insurance.

**Signature of parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_