ROCK RIVER ROOKIE RUMBLE
OPEN WRESTLING TOURNAMENT
JANUARY 27, 2012

FIRST & SECOND YEAR WRESTLERS / WIN CHALLENGED ONLY
LIMITED TO THE FIRST 150 PAID ENTRIES

NEWMAN HIGH SCHOOL
1101 W. 23RD ST
STERLING, ILLINOIS

WRESTLING TO BEGIN AT APPROXIMATELY 6:00PM

FEE: **$15.00 MUST BE POSTMARKED BY JANUARY 21ST**

IKWF/USA WRESTLING CARD NOT REQUIRED

NO EMAIL OR PHONE REGISTRATIONS WILL BE ACCEPTED!

WEIGH IN: **NO WEIGH INS CHECK IN ONLY BY 5:30PM**
SINGLETS/HEADGEAR PREFERRED, NO STREET SHOES ALLOWED ON MATS

DIVISIONS: 5-6 7-8 9-10 11-12 13-14

4 MAN BRACKET – 2 ROUNDS ONLY, TROPHIES FOR ALL

ADMISSION: ADULTS: $3
STUDENTS: $2
UNDER 5: FREE

CONCESSIONS AVAILABLE

CONTACT: KEVIN MEENEN 815-499-3371 **EMAIL:** kmeenen@saukvalleywrestling.com

MAIL REGISTRATION TO:

KEVIN MEENEN
234 AVE E
ROCK FALLS, IL 61071

CHECKS PAYABLE TO: SAUK VALLEY WRESTLING CLUB (SVW)

CUT AND RETURN BOTTOM PORTION ONLY WITH PAYMENT

ROCK RIVER ROOKIE RUMBLE TOURNAMENT FORM

NAME:_____ **AGE:**_____

ADDRESS:_____**CITY/STATE:**_____ **ZIP:**_____

RECORD WINS:_____ **LOSSES:**_____ **WEIGHT:**_____* **REQUIRED FOR BRACKETING**

CLUB/SCHOOL:_____

In consideration of your acceptance of this entry: I the undersigned, intend to be legally bound hereby, waive and release Newman Central Catholic High School, their members, sponsors, and agents from any/all claims or rights to damages for injuries/losses suffered by me from competing in, traveling to, or attending this tournament, I understand that I am responsible for my own insurance.

PARENT/GUARDIAN:_____ **DATE:**_____

PHONE:_____