

DIXON WRESTLING CLUB TOURNAMENT

SUNDAY DECEMBER 11, 2011

** I.H.S.A. REFEREES**

www.dixonwrestling.com

LOCATION: DIXON HIGH SCHOOL (Plenty of seating with concession stand)
LINCOLN STATUE DRIVE
DIXON, IL 61021

DIVISIONS: All brackets 4 man round robin (criteria for placement)
Divisions: 6 & Under 7 & 8 9 & 10 11& 12 13 & 14
1st place Trophies, Custom Medals for 2nd-4th place
10 mats / Senior Division-Full mats 3 – 1 minute periods

ALL BRACKETS WILL BE POSTED!!

ELGIBILITY: **IKWF / USA Cardholders ONLY-Cards required**
2 coaches per mat / cards must be displayed
IKWF Club roster provided with the wrestlers names and card #'s
Any skin condition must have an IHSA medical form with a physician signature

*****LIMIT 400*****

WEIGH INS: 6:00 A.M. – 7:30 A.M. SHARP! Wrestling begins at 9:00am or when brackets are complete

ENTRY: **COMPLETED REGISTRATION FORM, USA WEIGH-IN CARD, AND \$15.00 PAYABLE TO:**
Dixon Wrestling Club
Attn: Darrell Ankney
1799 Maples Rd
Dixon, IL 61021

(Teams must pre-register. Mail or fax (860-660-5294) names of wrestlers coming and team IKWF #)

Pre-Entry Deadline: December 07, 2011 – **ALL** signed forms due at that time!!!

At the Door: \$18.00 (*Late Registration or Walk-ins will be handled on a first come first serve basis*)

Registrations, including teams, will not be refunded for any reason.

INFORMATION: Darrell Ankney (815)-288-2314 / dixonwrestling@yahoo.com

ADMISSION: \$3.00 Adult \$2.00 Children 5 & under Free

FOOD: Concession stand available and 5 minute drive to breakfast restaurants

-----CUT HERE AND RETURN WITH ENTRY-----

Wrestler's Name: _____ Age: _____ Weight: _____
Tournament weigh-in

Address: _____ City: _____

Phone: _____ Email: _____

Club Name: _____ Card Number: _____

of yrs. Wrestling _____ State Qualifier: (please circle) Yes / No Record _____

In consideration of acceptance of this entry: I, intending to be legally bound hereby waive and release the Dixon Wrestling Club and District #170, their names and agents from any and all 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 legal guardian)

(Date)

(Print Name)