

MARCH 13TH 2010
 DAVID CITY WRESTLING CLUB TOURNAMENT
 DAVID CITY HIGH SCHOOL ACTIVITIES CENTER
 7TH & "D" STREET

CONTACT: GAYLEN KAMRATH
 WORK: (402)367-3187 AFTER **3:30PM**, HOME: (402)542-2173
 OR ON THE WEB SITE: dcwrestlers.com

AGE DIVISION

Preschool and Kindergarten
 1st and 2nd Grade
 3rd and 4th Grade
 5th and 6th Grade
 7th and 8th Grade
 9TH, 10TH, 11TH Grade

WEIGH - IN

8:00am to 9:00am
 8:00am to 9:00am
 8:00am to 10:30am
 8:00am to 10:30am
 8:00am to Noon

WRESTLE AT

10:00am
 10:00am
 after Pre-K thru 2nd Grade
 after Pre-K thru 2nd Grade
 approx. 1:00pm
 9:00 sharp

ALL 4-MAN ROUND ROBINS - WHERE POSSIBLE

7:30am to 8:30am

ENTRY FEE:

\$10.00 due with entry form. You may enter on line and pay at the door.
 \$12.00 late fee after Thursday, March 11th, 2010.
 Walk-ins welcome. \$12.00 at the door.
 Make checks payable to: **DAVID CITY WRESTLING CLUB**

ADMISSIONS:

Adults: \$4.00 Students: \$2.00

IN CASE OF

BAD WEATHER:

Listen to **KLIR (CLEAR) FM 101** or check our web site dcwrestlers.com

AWARDS:

TROPHIES FOR 1ST place winners, **MEDALS** for 2nd through 4th place winners for grades 8th and under **MEDALS** for 1st through 4th place winners for 9th, 10th, 11th grade.

SCORING:

No team scores will be kept. Three one minute periods (sudden death)

PAIRINGS:

Will be done after weigh-ins close of each age division. All 4-man round robins where possible.

STARTING TIME:

Each age division will need to report to their assigned mat and needs to stay there until their bracket has been **fully completed**. You will be **PAGED only once** and then you will be **DO'ED**, unless you are wrestling on another mat.
 High school division will start on **ALL** mats at 9:00am sharp.

CONCESSIONS:

SAUSAGE & EGG BREAKFAST will be served in the morning.
 Food and drinks will be available **ALL DAY**.

PLEASE PRINT CLEARLY

MAKE CHECKS PAYABLE TO: DAVID CITY WRESTLING CLUB

WRESTLERS

NAME _____ GRADE _____ WEIGHT _____
 ADDRESS _____ PHONE # _____
 CLUB NAME _____
 PARENTS NAME _____ COACHE'S NAME _____

LIABILITY WAIVER: In consideration of you accepting this entry. I hereby for myself, my heirs, executors, and administrators waive and release the David City Wrestling Club and/or all their coaches, team members, David City Public School, sponsors, and agents from any and all claims of rights for injury, damages or losses suffered at the 2010 David City Wrestling Tournament.

WRESTLERS SIGNATURE _____

PARENTS/GUARDIAN SIGNATURE _____

ENTRY FEE: \$10.00

Make checks payable to **DAVID CITY WRESTLING CLUB** and send **ALL** entries to **GAYLEN KAMRATH** at David City Public High School, 750 "D" Street, David City NE 68632. For more forms or to register, click onto dcwrestlers.com.