

# ADRIAN KIDS OPEN WRESTLING CLASSIC

(NO CARD REQUIRED)

DATE: Sunday, January 3, 2010

PLACE: Adrian High School's NEW Gymnasium  
Adrian, Minnesota 56110

TIME: Weigh-ins: 11:00 A.M. to 12:30 P.M.  
Wrestling Begins: 1:00 P.M. SHARP!

REGISTRATION: \$10.00 - payable at the door

CONTACT: Doug Bullerman  
(507)370-1590 or (507)483-2245

OPEN TO GRADES: Preschool - 8<sup>th</sup> Grade (8 Mats Used)



DIVISIONS:

Preschool & Kindergarten

1<sup>st</sup> & 2<sup>nd</sup> Grades

3<sup>rd</sup> & 4<sup>th</sup> Grades

5<sup>th</sup> & 6<sup>th</sup> Grades

7<sup>th</sup> & 8<sup>th</sup> Grades

MEDALS WILL BE GIVEN FOR 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, & 4<sup>TH</sup> PLACE.

. . . . . OFFICIAL ENTRY BLANK. . . . .

NAME \_\_\_\_\_ DIVISION: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

I certify that \_\_\_\_\_ was born on the date stated and has my permission to compete in the Adrian Kids Open Wrestling Tournament. I also certify that he/she is in the \_\_\_\_\_ grade. I hereby accept full responsibility for his/her behavior and participation. I will not hold the Adrian Public School, Adrian Wrestling Club, Sanford Hospital, or any of their agents responsible or liable for any accident that may occur at this tournament.

\_\_\_\_\_  
**Signature of parent or legal guardian**

\_\_\_\_\_  
**Date**