



SAUK VALLEY WRESTLING CLUB 11TH ANNUAL WRESTLING TOURNAMENT
Saturday, December 31, 2016



www.saukvalleywrestling.com

LOCATION: Newman High School
 1101 W. St. Mary's Rd.
 Sterling, IL 61081

FEE: \$15.00 Pre-Registered by 12-19-16
 \$20.00 At the door

ADMISSION: Adults \$3
 Students \$2
 Under 5 Free

WEIGH IN: 6:30 – 8:00AM
 All wrestlers must weigh in with singlet

LIMITED TO 500 WRESTLERS
 WRESTLING TO BEGIN AT APPROXIMATELY 9:00AM

4-man round robin / Medals for all

CONCESSIONS ALL DAY 50/50

RAFFLE TICKETS

\$5 PER / \$20 FOR FIVE

1ST Prize: \$300 3rd Prize: \$100
 2nd Prize: \$200 4th Prize: \$50

DIVISIONS: TOTS 5-6
 BANTAM 7-8
 MINOR 9-10
Novice 11-12
SENIOR 13-14

CONTACT: Brody Rude- Phone: 815-213-1855 Email: saukvalleywrestlingclub@gmail.com

MAIL REGISTRATION / CHECK PAYABLE TO:

SAUK VALLEY WRESTLING CLUB
 C/O Brody Rude
 27846 Madlyn Drive
 ROCK FALLS, IL 61071

CUT AND RETURN BOTTOM PORTION ALONG WITH FEE

Sauk Valley Wrestling Club Tournament Form

NAME: _____

CLUB: _____

ADDRESS: _____

IKWF #: _____

CITY: _____

DIVISION: _____

ZIP: _____

AGE: _____ Yrs. Exp. _____

PHONE: _____

Record: Wins _____ Losses _____

In consideration of your acceptance of this entry: I the undersigned, intend to be legally bound hereby, waive and release USA Wrestling, IKWF, Sauk Valley Wrestling Club, 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: _____

PRINTED NAME: _____