## ADAMS CENTRAL HUSKERLAND WRESTLING INVITATIONAL

## SUNDAY, February 26th, 2017

## ADAMS CENTRAL HIGH SCHOOL, 2 miles west of Hastings on Highway 6

$\frac{\text{Division}}{\text{Pre-school}-2}$ $3^{\text{rd}}-4^{\text{th}}$ $5^{\text{th}}-6^{\text{th}}$ $7^{\text{th}}-8^{\text{th}}$	<u>Check-</u> 11:30-1 11:30-1 1:00 - 1	2:00 2:00 1:30 1:30	Start Time 1:30 PM 1:30 PM 3:00PM * 3:00PM * start early if ahe	ead of schedule		
FORMAT:	Four man round robin - three matches, if possible.					
ENTRY FEE: \$10.00 per wrestler. All Entries are due no later than February 24th						
	Insurance cards required or will be available at registration table.					
Make checks	payable to: Adams C	entral Booster Clu	<u>b.</u>			
NO REFUNDS						
AWARDS:	WARDS: Medals to all wrestlers in pre-school to 2 <sup>nd</sup> . Medals to 1 <sup>st</sup> thru 4 <sup>th</sup> in all other divisions					
ADMISSION: Adults: \$3.00 Students: \$1.00 Under 6: No charge						
CONCESSIONS: Food served all day.						
OFFICIALS: There will be a registered official in charge with Varsity wrestlers						
refereeing all mats. All Huskerland rules will apply.						
****PLEASE RETURN APPLICATIONS BY February 24, 2017****						
NAME:	CLUB SCHOOL					
ADRESS:		GRADI	AGE	Weight		
PARENT'S NAME		PHON	E	CELL		
LIABILITY WAIVER: In consideration of you accepting this entry, I hereby, for myself, my heirs, my executors and administrations, waive and release any and all injuries suffered by me at or in connection with the 2015 A C Huskerland Wrestling Invitational, Adams Central High School or Adams Central Booster Club members. <b>Signed</b> ,						
APPLICANT Parent/ Guardian						
******Complete for registration Purposes*****						
Ins.Card #						
Send entries to: Mark Biede 1400 Markay Drive Juniata NE. 68955						
Phone: 402-519-0740 Email: markb@gtainsures.com						

\*You may also complete the form and text a picture of the completed form to 402-519-0740 and pay

entry fee the day of tournament.