

Logan View Youth Wrestling Tournament

Date: Friday March 3, 2017

Divisions: Pre-Pee-Wee, Midgets, and Juniors,

Place: Logan View Gymnasium

Entry Fee: \$15.00 (no refunds)

Admission: Adults:\$3.00 Students \$2.00

Entry fee must accompany entry

No late entry's bracketing will be done Thursday Night TROPHY for 1st

Entry Blanks must be postmarked no later than Tuesday, February 28th

Or emailed by Thursday 12:30pm.

DIVISIONS: and Check in times: Wrestling will begin at 5:30pm

(Pre-School – Kindergarten)... 4:30-5:00 pm (3th-4th)...6:30-7:00pm

(1st- 2nd grade).....4:30-5:00 pm (5th-6th)....6:30-7:00 pm

1. Wrestlers Weight Must be accurate (within 3 lbs) A scale will be available for any questionable weights.

2. TROPHIES AWARDED FOR FIRST, Medals for second, third and fourth places.

3. Concessions/Supper will be served Starting at 5:00P.M. by the Jr. Wrestling Club.

4. Anyone caught causing trouble or damaging property will be ruled ineligible for the remainder of the day.

5. Logan View varsity wrestlers will be officiating.

6. Four man round robin brackets will be used.

For more information: Contact Dan Mowinkel at (402)720-6420 (cell phone) or

email: dmowinkel@loganview.org

Mail Entry Fees and Form to: Logan View Public Schools

Attn: Dan Mowinkel

2163 Co. Rd. G

Hooper, Ne 68031

Or email: to Dan Mowinkel at dmowinkel@loganview.org

Please Fill Out Information Completely

Name _____ Home Phone _____

 Last First MI

Birth day _____ Age _____ Grade _____

Actual Weight _____ Club: _____

Division: Pre-Pee-Wee Pee-Wee Midget Junior Circle One

 (Pre-SCH, Kind) (1st-2nd) (3rd-4th) (5th-6th)

Current Record: Won _____ Lost _____

Last Years Record: Won _____ Lost _____

I hereby certify that the above information is accurate to the best of my knowledge and I give _____ my permission to participate in the 2017 Logan View Tournament. I also assume full responsibility and liability for the conduct and actions during the course of the tournament. I also will not hold the Logan View Wrestlers or coaches of Logan View responsible for any accidents or injury. Please make checks payable to the Logan View Wrestling

Club. _____ Parent or Guardian Signature