



# MALCOLM WRESTLING CLUB

SATURDAY, MARCH 4TH, 2017

MALCOLM HIGH SCHOOL, MALCOLM, NE

## TOURNAMENT SCHEDULE

<u>DIVISION</u>	<u>GRADE</u>	<u>CHECK-IN</u>	<u>WRESTLE</u>
1	Pre K - K	7:00 - 8:00 AM	8:30 AM
2	1 - 2	7:00 - 9:00 AM	9:30 AM*
3	3 - 4	7:00 - 10:00 AM	11:00 AM*
4	5 - 6	7:00 - 11:30 AM	12:30 PM*
5	7 - 8	7:00 - 1:00 PM	2:00 PM*

**In an attempt to keep this tournament on schedule we are not allowing walk-in entries.**

**\*Wrestling times are subject to completion of previous division.**

- FORMAT:** 4-Man round robin brackets  
60 second periods for Pre-K thru 4th, and 90 second periods for 5th thru 8th  
**No Weigh-Ins.** Wrestlers will be bracketed according to entry form weight.  
Please **be exact** as coaches can challenge.
- OFFICIALS:** Certified Officials and High School Officials. Decisions of officials are final.
- RULES:** NHSAA Folkstyle Rules
- AWARDS:** Trophies for 1st Place, Medals for 2nd, 3rd, and 4th
- ENTRY FEE:** \$15 if post marked by March 1st, 2017  
\$18 for call-ins, emails, and late entries  
**Limited to the first 400 entries. \*\*\*NO REFUNDS\*\*\***
- PAYMENT:** Make checks payable to:  
**Malcolm Wrestling Club**
- MAIL ENTRIES:** Shaun Donahoo  
5940 NW 118th St.  
Lincoln, NE 68524
- EMAIL ENTRIES:** smdonahoo@windstream.net
- CONTACTS:** Kelly Streeter (402) 405-5611 Shaun Donahoo (402) 853-3058
- ADMISSIONS:** \$4.00– Adults \$2.00– Students 5 & and Under– Free

COMPLETE AND RETURN BY MARCH 1ST, 2017

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EXACT WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

CLUB AFFILIATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

YEARS EXPERIENCE: \_\_\_ 2017 RECORD: W \_\_\_ L \_\_\_ AAU MEMBERSHIP CARD# \_\_\_\_\_

I certify that the above information is correct, and that the above wrestler has my permission to wrestle in the Malcolm Wrestling Club Wrestling Tournament. I hereby release the Lancaster County School District 148, Malcolm Wrestling Club and their agents, from any liability for accident or injuries occurring at this tournament. I hereby authorize medical treatment administered by licensed medical personnel, in case of injury or accident. Additionally, Lancaster County School District 148 and the Malcolm Wrestling Club are not responsible for loss or theft of items left unattended.

Wrestler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_