



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
- ONLINE REGISTRATION:** www.autobacket.com/malcolm
- CONTACTS:** Kelly Streeeter (402) 405-5611 Shaun Donahoo (402) 853-3058
- ADMISSIONS:** \$4.00- Adults \$2.00- Students 5 & 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: _____