

# MALCOLM WRESTLING CLUB TOURNAMENT

MALCOLM HIGH SCHOOL

FEBRUARY 11TH, 2018

| GRADE   | WEIGH-INS     | WRESTLE   |
|---------|---------------|-----------|
| Pre K-K | 7:00-8:00 AM  | 8:30 AM   |
| 1-2     | 7:00-9:00 AM  | 9:30 AM*  |
| 3-4     | 7:00-10:00 AM | 11:00 AM* |
| 5-6     | 7:00-11:30 AM | 12:30 PM* |
| 7-8     | 7:00-1:00 PM  | 2:00 PM*  |

## ABSOLUTELY NO LATE CHECK-INS ALLOWED

\*Wrestling times will be moved up if possible

### ENTRY OPTIONS & FEES:

- Online registration is \$15; registration online can be made until February 10th
- Mail-in registration is \$15; Note: entries must be postmarked ON or BY February 8th
- Walk-in registration is \$18

There will be no refunds of entry fees. Limited to the first 500 registrations.

**ONLINE REGISTRATION:** <https://www.malcolmsports.com/wrestlingtournament>

### MAIL ENTRIES TO:

**Malcolm Wrestling Club**  
Shaun Donahoo  
5940 NW 118<sup>th</sup> St.  
Lincoln, NE 68524

### QUESTIONS:

Kelly Streeter (402) 405-5611, Tom Keller (402) 429-5841, Shaun Donahoo (402) 853-3058

### OFFICIALS:

Certified Officials and High School Officials. Decisions of officials are final.

### BRACKETS:

Autobacket; 4-man brackets; 7<sup>th</sup>-8<sup>th</sup> will have 8-man brackets where possible.

### AWARDS:

Trophies for 1st Place, Medals for 2nd, 3rd, and 4th

### ADMISSIONS:

\$4.00- Adults \$2.00- Students 5 & Under- Free

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COMPLETE AND RETURN BY FEBRUARY 8TH

|              |         |           |                 |        |
|--------------|---------|-----------|-----------------|--------|
| NAME         | ADDRESS | PHONE     |                 |        |
| CLUB         | AGE     | BIRTHDATE | GRADE           | WEIGHT |
| 2017 RECORD: | WINS    | LOSSES    | YRS. EXPERIENCE |        |

I certify that the above information is correct, and that the above wrestler has my permission to wrestle in the Malcolm Wrestling Club 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.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_