



Norris Wrestling Club  
 24<sup>th</sup> Annual Wrestling Tournament  
 Sunday February 4<sup>th</sup> 2018  
 Norris High School Firth, NE



BRACKETS: Bracketing will be done the day of the tournament. Four man round robin. Less than 4-man brackets may be used to maintain reasonable weight differential. Brackets for Junior High will be greater than 4 man when possible.

**WEIGH-IN AND WRESTLING TIMES**

Pre-k & Kindergarten:	Weigh-in: 7:00 – 8:00	Wrestle: 9:00 am
7 <sup>th</sup> & 8 <sup>th</sup> Grades:	Weigh-in: 7:00 – 8:00	Wrestle: 9:00 am
1 <sup>st</sup> & 2 <sup>nd</sup> Grades:	Weigh-in: 7:00 – 10:00	Wrestle: 11:30 am (approx)
5 <sup>th</sup> & 6 <sup>th</sup> Grades:	Weigh-in: 7:00 – 10:00	Wrestle: 11:30 am (approx)
3 <sup>rd</sup> & 4 <sup>th</sup> Grades:	Weigh-in: 7:00 – 12:00	Wrestle: 1:30 pm (approx)

**NO LATE WEIGH-IN WILL BE ALLOWED!** Wrestle times may be moved up if needed.

NWC reserves the right to limit entries to 600 participants.

**ENTRY FEE & DEADLINE: NO CALL INS!!**

\$17.00 per wrestler Online and \$25.00 Mail-In

To Register Online: [www.trackwrestling.com](http://www.trackwrestling.com)

- On-line registration for this event will end at 6:00 pm Friday, February 2<sup>nd</sup>, 2018
- Mail in registration must be postmarked by Wednesday, January, 31<sup>st</sup>, 2018  
 Mail to: PO Box 357 Cortland, NE 68331 **NO REFUNDS**
- NO WALK INS
- **MAKE CHECKS PAYABLE TO: NORRIS WRESTLING CLUB**

ADMISSION: Adult - \$4.00 Students - \$3.00 Under 6 – FREE

CONCESSIONS: Available all day

INFORMATION: Call or Email Dustin

Phone: 402-219-4964

Email: [norriswrestlingclub@gmail.com](mailto:norriswrestlingclub@gmail.com)

AWARDS: Trophies for first, medals for 2-4<sup>th</sup> place

Please register online: [www.trackwrestling.com](http://www.trackwrestling.com)

**SPORTSMANSHIP AWARD:** THIS WILL BE CHOSEN BY THE REFEREES TOWARDS THE END OF THE TOURNAMENT.

**“TOP GUN” AWARD:** TEAM WITH THE MOST CHAMPIONS

Norris Wrestling Club (Please Print Clearly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Club \_\_\_\_\_ Years of Experience \_\_\_\_\_

2016/2017 Record: \_\_\_\_\_ Wins \_\_\_\_\_ Losses Parents Names \_\_\_\_\_

In consideration of you accepting this entry, I release all rights and claims against the NORRIS WRESTLING CLUB and the NORRIS PUBLIC SCHOOL Dist. #160. I hereby authorize medical treatment in case of injury or accident.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_