

MARION WRESTLING KIDS CLASSIC

Sunday, December 12, 2021

Marion High School

675 South 15th St.

Marion, Iowa

Deadline: Entries by mail must be received by Thursday, December 9th . **ABSOLUTELY NO WALK INS!!**
Trackwrestling sign up until 11:00 pm Saturday, December 11th. LIMIT 300

Entry Fee: \$20 –Make checks out to: Marion Wrestling Club. No refunds.

Send to: Mail form and \$20 entry fee to: Tom Thompson, 1980 Concord Dr., Marion, Iowa 52302.
Contact Tom with question kidswrestling1@gmail.com or by phone (319)-573-6329

Officials: We will have certified high school officials.

Weigh-ins: All wrestlers will weigh-in from 12:00pm to 1:30pm.
Wrestling will begin at app. 2:00 pm. Wrestlers must be within 3 lbs. of your registered weight.

Matches: 4 man RR format, will attempt to pair wrestlers by experience and age. 1-1-1 minute format with 1 min. sudden victory, 30 second overtime periods if necessary. 7th & 8th division will be 2-1-1 minute periods. We will have girls divisions as best as we can.

Admissions: Admission is free for spectators

Awards: Awards for all participants

1st Trophy

2nd thru 4th medals

NOTE: Pairings will be made prior to the tournament. Therefore, enter your EXACT weight on the entry form in the appropriate age division below. Any wrestler who exceeds his entered weight by more than 3 lbs. will risk being scratched.

Remember: No email, phone or faxed entries. Mailed entries must be received by Thursday, December 10th.

PeeWee Division
Grades K – 2

Bantam Division
Grades 3 & 4

Junior Division
Grades 5 & 6

Senior Division
Grades 7 & 8

Weight _____

Weight _____

Weight _____

Weight _____

Record _____

Record _____

Record _____

Record _____

Yrs. Exp. _____

Yrs. Exp. _____

Yrs. Exp. _____

Yrs. Exp. _____

NAME: _____ ADDRESS: _____ CITY: _____ ZIP: _____

GRADE: _____ AGE: _____ BIRTH DATE: _____ SCHOOL/HS TEAM: _____ PHONE: _____

I certify that _____ was born on the date stated, weight entered is accurate, and has my permission to compete in the Marion Kids tournament. I hereby accept full responsibility for his/her behavior and for his/her participation. Obedience and good sportsmanship will be displayed throughout the day. I understand that Marion High School, nor any of their agents, are not responsible or liable for any accidents or injuries. Insurance is not provided.

Signature of Parent or Guardian

Date

Mail entry form and \$20 fee to: Tom Thompson, 1980 Concord Dr. Marion IA 52302.
Please make checks payable to Marion Wrestling Club.