

DIXON WRESTLING CLUB TOURNAMENT

DECEMBER 16, 2007

**** I.H.S.A. REFEREES****

LOCATION: DIXON HIGH SCHOOL (Plenty of seating with concession stand)
LINCOLN STATUE DRIVE
DIXON, IL 61021

DIVISIONS: All brackets 4 man round robin (criteria for placement)
3 – 1 minute periods

Custom Medals 1st – 4th

10 mats / Senior Division-Full mats

ALL BRACKETS WILL BE POSTED!!!

ELGIBILITY: **IKWF / USA Cardholders ONLY-Cards required**

2 coaches per mat / cards must be displayed

IKWF Club roster provided with the wrestlers names and card #'s

Any skin condition must have an IHSA medical form with a physician signature

*****LIMIT 400*****

WEIGH INS: 6:00 A.M. – 7:30 A.M. Wrestling begins at 9:00am or when brackets are complete

ENTRY: **COMPLETED REGISTRATION FORM, USA/IKWF WEIGH IN CARD, AND \$15.00 PAYABLE TO:**

(Teams must pre-register. Mail or fax (815-288-4892) names of wrestlers coming and team IKWF #)

Dixon Wrestling Club

Attn: Cory Lance

607 E. Chamberlin St.

Dixon, IL 61021

Pre-Entry Deadline: December 12, 2006

At the Door: \$18.00 (Late Registration or Walk-ins will be handled on a first come first serve basis)

Registrations will not be refunded for any reason.

INFORMATION: Cory Lance (815)-284-4279 or Jodi Johnson (815)-652-3941

ADMISSION: \$3.00 Adult \$2.00 Children, 5 & under Free

FOOD: Concession stand available and 5 minute drive to breakfast restaurants

-----**CUT HERE AND RETURN WITH ENTRY**-----

Wrestler's Name: _____ Age: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Club Name: _____ **Card Number:** _____

Division: **8 & Under** **9 & 10** **11& 12** **13 & 14** **# of yrs. Wrestling** _____

State Qualifier: (please circle) Yes / No Record _____

In consideration of acceptance of this entry: I, intending to be legally bound hereby waive and release Dixon Wrestling Club and District #170, their names and agents from any claims or right to damages for injuries or losses suffered by me directly or indirectly while traveling to or from, competing in or attending this tournament. I also understand that I am responsible for my own insurance.

Signature of parent or guardian: _____ Date: _____