

# 14<sup>th</sup> ANNUAL MALCOLM WRESTLING CLUB WRESTLING TOURNAMENT

Saturday, April 4<sup>th</sup>, 2009  
Malcolm High School, Malcolm, NE

## TOURNAMENT SCHEDULE

DIVISION	GRADE	CHECK-IN	WRESTLE
1	Pre K - K & 1 <sup>st</sup> - 2 <sup>nd</sup> (NO WALK-INS FOR PRE-K THRU 2 <sup>ND</sup> )	8:00 - 8:30 AM	9:00 AM
2	3 - 4	8:00 - 10:00 AM	10:30 AM
3	5 - 6	8:00 - 11:30 AM	12:00 PM
4	7 - 8	8:00 - 1:00 PM	1:30 PM

(Wrestling times are subject to advancement if permitted)  
Coaches meeting at 8:45AM

**FORMAT:** 4-Man Round Robin Brackets.  
60 second periods for Pre-K thru 6, and 90 second periods for 7 thru 8.  
**NO WEIGH-INS.** Wrestlers will be bracketed according to entry form weight.  
Please be exact as coaches can challenge.

**OFFICIALS:** Certified Officials. Decisions of officials are final.

**RULES:** NHSAA Folkstyle Rules

**AWARDS:** Trophies for 1<sup>st</sup> Place, Medals for 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup>  
Team Trophies for Divisions 2, 3 and 4  
Team Sportsmanship Trophy

**ENTRY FEE:** **\$12.00** if postmarked by **April 1<sup>st</sup>, 2009**  
**\$15.00** for call-ins, e-mails, late entries and walk-in's  
**Limited to first 400 entries.   \*\*No Refunds\*\***

**PAYMENT:** Make checks payable to:  
**MYSA** (Malcolm Youth Sports Association)

**MAIL ENTRIES:** **Malcolm Schools**  
**Attention Matt Coufal**  
**10004 NW 112<sup>th</sup> St**  
**Malcolm, NE 68402**

**E-MAIL ENTRIES:** **mcoufal@esu6.org**

**CONTACTS:** Matt Coufal (308) 380-5830  
Aaron Glause (402) 796-2003

**ADMISSION:** \$3.00-Adults    \$1.00-Students    5 & Under-FREE

**\*\*NO COOLERS IN GYM\*\*    \*\*CONCESSIONS AVAILABLE ALL DAY\*\***



-----Complete and Return By April 1<sup>st</sup>, 2009-----

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EXACT WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

CLUB AFFILIATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

YEARS EXPERIENCE: \_\_\_\_ 2009 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 Youth Sports Association and the 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, Malcolm Youth Sports Association and the Malcolm Wrestling Club is not responsible for loss or theft of items left unattended.

Wrestler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_