

15th ANNUAL MALCOLM WRESTLING CLUB WRESTLING TOURNAMENT

Saturday, March 27th, 2010
Malcolm High School, Malcolm, NE

TOURNAMENT SCHEDULE

DIVISION	GRADE	CHECK-IN	WRESTLE
1	Pre K - K	7:00 - 8:00 AM	8:30 AM
2	1 - 2	7:00 - 9:00 AM	9:30 AM
3	3 - 4	7:00 - 10:00 AM	11:00 AM
4	5 - 6	7:00 - 11:30 AM	12:30 PM
5	7 - 8	7:00 - 1:30 PM	2:30 PM

In an attempt to keep this tournament on schedule we are not allowing walk-in entries.

(Wrestling times are subject to completion of previous division)

- FORMAT:** 4-Man Round Robin Brackets.
60 second periods for Pre-K thru 4, and 90 second periods for 5 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 1st Place, Medals for 2nd, 3rd and 4th
- ENTRY FEE:** **\$12.00** if postmarked by **March 24th, 2010**
\$15.00 for call-ins, e-mails, and late entries
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 112th 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 \$2.00-Students 5 & Under- Free
- NO COOLERS IN GYM CONCESSIONS AVAILABLE ALL DAY**



✍️ -----Complete and Return By March 24th, 2010----- ✍️

NAME: _____ GRADE: _____ BIRTHDATE: _____

ADDRESS: _____ EXACT WEIGHT: _____ AGE: _____

CLUB AFFILIATION: _____ PHONE: _____

YEARS EXPERIENCE: ____ 2010 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 are not responsible for loss or theft of items left unattended.

Wrestler's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____