



SAUK VALLEY ROOKIE RUMBLE FRIDAY FEBRUARY 3, 2017



FIRST & SECOND YEAR WRESTLERS ONLY LIMITED TO THE FIRST 200 PAID ENTRIES

NEWMAN HIGH SCHOOL
1101 ST. MARY'S STREET
STERLING, ILLINOIS

WRESTLING TO BEGIN AT APPROXIMATELY 6:00PM

ALL WRESTLERS MUST HAVE A USA WRESTLING CARD

FEE: \$15.00 MUST BE POSTMARKED BY JANUARY 25, 2017

NO WALK INS /PRE-REGISTERED ONLY

WEIGH IN: NO WEIGH INS CHECK IN ONLY BY 5:30PM
SINGLET/HEADGEAR PREFERRED, NO STREET SHOES ALLOWED ON MATS

DIVISIONS: 5-6 TOTS 7-8 BANTAMS 9-10 MIDGETS 11-12 NOVICE 13-14 SENIOR

4 MAN BLOCK BRACKETS – AWARDS FOR ALL

ADMISSION: ADULTS: \$3
STUDENTS: \$2
UNDER 5: FREE

**CONCESSIONS AVAILABLE
ALL NIGHT**

CONTACT: BRODY RUDE 815-213-1855

EMAIL: saukvalleywrestlingclub@gmail.com

MAIL REGISTRATION TO:

BRODY RUDE
27846 MADLYN DRIVE
ROCK FALLS, IL 61071

CHECKS PAYABLE TO: SAUK VALLEY WRESTLING

CUT AND RETURN BOTTOM PORTION WITH PAYMENT

SAUK VALLEY ROOKIE RUMBLE TOURNAMENT FORM

NAME: _____ **IKWF AGE:** _____ *

ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____

RECORD WINS: _____ **LOSSES:** _____ **WEIGHT:** _____ * REQUIRED FOR BRACKETING

CLUB/SCHOOL: _____ **IKWF #:** _____

In consideration of your acceptance of this entry: I the undersigned, intend to be legally bound hereby, waive and release Newman Central Catholic High School, their members, sponsors, and agents from any/all claims or rights to damages for injuries/losses suffered by me from competing in, traveling to, or attending this tournament, I understand that I am responsible for my own insurance.

PARENT/GUARDIAN: _____ **DATE:** _____

PHONE: _____