OREGON KID'S CLASSIC (K-5th Grade) WRESTLING TOURNAMENT
FRIDAY, MARCH 5, 2010
BEGINNER'S LEVEL
LIMITED TO THE FIRST 150 PAID PARTICIPANTS

WHERE: BLACKHAWK CENTER, OREGON HIGH SCHOOL
1101 JEFFERSON STREET
OREGON, IL 61061

WHEN: CHECK IN FROM 4:30 – 5:30 PM; WRESTLING BEGINS @ 6:00 PM

FEE: $15.00 MUST BE POSTMARKED BY FEBRUARY 26, 2010 (2/26/2010)
$20.00 AT THE DOOR: Cut off Time 5:30 PM

IKWF/USA WRESTLING CARD NOT REQUIRED

NO EMAIL OR PHONE REGISTRATIONS WILL BE ACCEPTED!

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

DIVISIONS (by Age): 4-6, 7-8, 9-10, 11-12

4 MAN BRACKET – 2 ROUNDS ONLY, TROPHIES FOR ALL

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

CONCESSIONS AVAILABLE

CONTACT: BRIAN KASKAVAGE 815-751-5587 **EMAIL**: B.KASKAVAGE@YAHOO.COM

MAIL REGISTRATION TO: BRIAN KASKAVAGE
513 EAST COLDEN ST.
POLO, IL 61064

MAKE CHECKS PAYABLE TO: HAWK WRESTLING CLUB (HWC)

CUT AND RETURN BOTTOM PORTION ONLY WITH PAYMENT

OREGON KID'S CLASSIC TOURNMENT FORM

NAME:_____AGE/GRADE:_____SCHOOL:_____

ADDRESS:_____CITY/STATE:_____ZIP:_____

RECORD WINS:_____LOSSES:_____WEIGHT:_____*REQUIRED

IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS ENTRY: I THE UNDERSIGNED, INTEND TO BE LEGALLY BOUND HEREBY, WAIVE AND RELEASE OREGON HIGH SCHOOL AND OR HAWK WRESTLING CLUB, THEIR MEMBERS, SPONSORS, AND AGENTS FROM ANY/ALL CLAIMS OR RIGHTS TO DAMAGES FOR INJURIES/LOSSED 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:_____