# ROCK RIVER ROOKIE RUMBLE
# OPEN WRESTLING TOURNAMENT
# JANUARY 28, 2011

**FIRST & SECOND YEAR WRESTLERS / WIN CHALLENGED ONLY**
**LIMITED TO THE FIRST 150 PAID ENTRIES**

NEWMAN HIGH SCHOOL
1101 W. 23RD ST
STERLING, ILLINOIS
**WRESTLING TO BEGIN AT APPROXIMATELY 6:00PM**

**FEE:** **$15.00 MUST BE POSTMARKED BY JANUARY 23RD**

**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 MATS

**DIVISIONS:** 5-6 7-8 9-10 11-12 13-14

4 MAN BRACKET – 2 ROUNDS ONLY, TROPHIES FOR ALL

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

**CONCESSIONS AVAILABLE**

**CONTACT:** KEVIN MEENEN **EMAIL:** kmeenen@saukvalleywrestling.com
**MAIL REGISTRATION TO:**

KEVIN MEENEN
234 AVE E
ROCK FALLS, IL 61071

**CHECKS PAYABLE TO: SAUK VALLEY WRESTLING CLUB (SVW)**

CUT AND RETURN BOTTOM PORTION ONLY WITH PAYMENT

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**ROCK RIVER ROOKIE RUMBLE TOURNAMENT FORM**

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

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

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

**CLUB/SCHOOL:**_____

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:**_____