

2009 NYWA DISTRICT QUALIFIER

ADRIAN HIGH SCHOOL'S NEW GYM
ADRIAN, MN
SATURDAY, MARCH 21, 2009

REGISTRATION: \$10.00 – PAID AT DOOR – no preregistration

CONTACT: Douglas Bullerman: 507-370-1590 or 507-483-2245

SPONSORED BY: SIOUX VALLEY HOSPITAL

WILL ATTEMPT TO MATCH GRADE LEVEL & WEIGHT



DIVISIONS

Preschool – Kindergarten

1st – 2nd Grade

3rd – 4th Grade

5th – 6th Grade

7th – 8th Grade

* Weigh-ins 9:00 A.M. – 10:00 A.M.

* Wrestling begins at 10:30 A.M.

* Four person bracket round-robin

* 3 – one minute periods

200 OR LESS WRESTLERS AUTOMATICALLY QUALIFIES ALL WRESTLERS TO ATTEND NYWA STATE QUALIFIER AT WINDOM, MN. ON SATURDAY, MARCH 28, 2009.

TEAM REGIONS AT TRACY, MN. ON SUNDAY, MARCH 29, 2009

MN STATE HIGH SCHOOL LEAGUE RULES WILL APPLY.

.....OFFICIAL ENTRY BLANK.....

NAME: _____ CITY: _____ DIVISION _____

SCHOOL: _____ PHONE: _____

DOB: _____ AGE: _____ GRADE: _____ WEIGHT: _____

I certify that _____ was born on the date stated and has my permission to compete in the Adrian NYWA Wrestling Tournament. I also certify that he/she is in the _____ grade. I, hereby, accept full responsibility for his/her behavior and participation. I will not hold the NYWA, Sioux Valley Hospital, Adrian Public School, or any of their agents responsible.

Signed: _____

Date: _____