

DETROIT LAKES OPEN WRESTLING TOURNAMENT

NYWA District Tournament

DATE: SATURDAY, MARCH 14TH 2009
LOCATION: DETROIT LAKES HIGH SCHOOL
TIME: WRESTLING BEGINS AT 10:00 AM
WEIGH-INS K – 4th GRADE 7:30AM TO 9:00AM
WEIGH-INS 5th – 8th GRADE 11:00 AM to 12:00 AM

AGES: GRADES K-8

AWARDS: TROPHIES FOR 1ST PLACE
MEDALS FOR 2ND, 3RD & 4TH PLACES

COST: \$10.00 PER WRESTLER
\$5.00 PER FAN-SPECTATOR (UNDER 12 = FREE)

TO WRESTLE IN THIS NYWA QUALIFIER, ALL WRESTLERS MUST PURCHASE THE NYWA INSURANCE POLICY. THIS POLICY MAY BE PURCHASED IN ADVANCE AT <http://www.nywa-mn.com> FOR \$14.00 OR WILL BE AVAILABLE AT THE TOURNAMENT. IF YOU HAVE PREPURCHASED YOUR POLICY SIMPLY BRING YOUR INSURANCE CARD TO THE TOURNAMENT. WRESTLERS COMPETING IN ANY NYWA EVENT MUST HAVE THIS POLICY. ALL WRESTLERS PLACING 1ST OR 2ND WILL QUALIFY FOR THE REGIONAL TOURNAMENT HELD IN BEMIDJI ON MARCH 28TH.

- Four man round robin brackets whenever possible.
- Brackets will be determined by grade and weight.
- Periods will be 1 minute for grades K-6 and 1 ½ minutes for grades 7-8.
- All wrestlers must have the document below signed by a parent or guardian.
- Concessions will be available.

FOR MORE INFORMATION CONTACT:

ROB ULLYOTT: 847-7586 DL High School: 847-4491
TODD JACKSON: 847-1692 Ron Peterson: 846-0381

Name: _____ Grade: _____ Wt: _____

School: _____

I hereby give _____ permission to take part in the Detroit Lakes Elementary wrestling tournament. I understand that the school is not held liable for any accidents that may occur and that there is no school insurance program for my child. To the best of my knowledge my child is in good health and physical condition.

Parent/Guardians signature: _____ Date: _____