

2024 NYWA District Qualifier



Albert Lea Senior High School 2000 Tiger Ln. Albert Lea, MN 56007

Date: Friday, March 8th, 2024 Weigh-Ins: 4:30 - 5:15pm Wrestling: 5:45pm

Brackets: Four Person Round-Robin (Paired by Grade/Weight) **Rules:**

- MSHSL/NFHS Folkstyle Rules
- 3-1 Minute Periods (PreK-6th) & 3-1:30 Minute Periods (7th-8th)

Registration: \$15 @ Door NYWA Cards: \$25 @ Door

We will have current memberships on file if you need us to look up your information.

- Advancement:
 - If less than 200 wrestlers register, all wrestlers advance to region tournament.
 - Top two in each bracket without prior advancement will advance to region tournament. •

Awards:

• Medals for 1st-4th

Admission:

- Adults \$5
- Students \$3

Concessions: Available All Evening

Out of state wrestlers are welcome! Must purchase NYWA card. They may medal but <u>not</u> advance or take advancement positions!

Tournament Contact: Paul Durbahn 507-382-7922 pdurbahn@gmail.com

MAKE REGISTRATION CHECKS PAYABLE TO: Albert Lea Wrestling Booster Club

NYWA MEMBERSHIP CHECKS SEPARATE TO: NYWA Wrestling!

WRESTLERS NAME:

CITY/ORGANIZATION: ______ (Be consistent with teammates – helps pairings)

I/We hereby give permission to to wrestle in the Albert Lea NYWA District Qualifier Tournament, and I/We accept full responsibility for his/her behavior and responsibility for any injuries that may occur to him/her.				
Parent/Guardian name:	Age:			
Parent/Guardian signature:	Grade:			
	COMPLETED BY WEIGH-IN STAFF!			

MAKE REGISTRATION CHECKS PAYABLE TO: Albert Lea Wrestling Booster Club

NYWA MEMBERSHIP CHECKS SEPARATE!

WRESTLERS NAME:		
CITY/ORGANIZATION:	(Be consistent with teammates – helps pairings)	
I/We hereby give permission to to District Qualifier Tournament, and I/We accept full responsibility for h for any injuries that may occur to him/her.		
Parent/Guardian name:	Age:	
Parent/Guardian signature:	Grade:	
	COMPLETED	

MAKE REGISTRATION CHECKS PAYABLE TO: Albert Lea Wrestling Booster Club

NYWA MEMBERSHIP CHECKS SEPARATE!

WRESTLERS NAME: _____

CITY/ORGANIZATION:

_____ (Be consistent with teammates – helps pairings)

Weight: _____

BY WEIGH-IN STAFF!

I/We hereby give permission to to wrestle in the Albert Lea NYWA District Qualifier Tournament, and I/We accept full responsibility for his/her behavior and responsibility for any injuries that may occur to him/her.				
Parent/Guardian name:			Age:	
Parent/Guardian signature:		Grade:		
		COMPLETED BY WEIGH-IN STAFF!	Weight:	