

# Springfield/Platteview Wrestling Tournament

## Open & Novice

**Where:** Platteview High School  
108<sup>th</sup> & Platteview Rd  
**Date:** December 19, 2009

**Weigh-ins Friday Night from 6:30 to 8:30 PM**  
**Or**  
**Saturday Morning**  
**Limited to the first 400 Entries**

<u>Session</u>	<u>Age Group</u>	<u>Weigh-ins</u>	<u>Wrestle</u>
<b>One</b>	6 & under	6:30-7:30 am	9:00
<b>Two</b>	9 and 10 year olds	6:30-9:30 am	11:00
<b>Two</b>	11 and 12 year olds	6:30-9:30 am	11:00
<b>Three</b>	7 and 8 year olds	6:30-12:00	1:00
<b>Three</b>	13-14 year olds	6:30-12:00	1:00

**Entry Fee:** \$12.00 per wrestler (No Refunds)

- No late weigh-ins or walk-ins will be allowed
- All parents will sit on one side of gym with coaches and table help on the opposite side so we ensure a good view of your child's wrestling match. This will be enforced.

**Deadline:** Must have entries in by Thursday December 17<sup>th</sup> at midnight.

**Admissions:** Adults \$3.00 Children \$1.00  
Concessions all day

**Awards:** Medals for all places

**Format:** 4 man round robin with **certified officials**

**Information:** Brian Ferguson  
\* Email: bferguson@sarpy46.org  
\* Phone: 402-253-2702 or 402-290-3977

Mail Entries to: Brian Ferguson  
210 S. 8<sup>th</sup> St. Cir.  
Springfield, NE 68059

**Make Checks payable to:** Platteview Wrestling Club  
Alternatively: \* Fax: Attention Brian Ferguson 402-894-4876  
\* Email: bferguson@sarpy46.org (prefer getting entries by email)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Club \_\_\_\_\_ Weight \_\_\_\_\_

**Wrestling Experience** Open / Novice      **Record:**      **Wins** \_\_\_\_\_ **Loses** \_\_\_\_\_

**Signature of parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Platteview High School, South Sarpy #46 Schools, Trojan Wrestling Club or anyone involved with this tournament "will not be held" liable for any injuries, accidents or losses.