



NORFOLK LITTLE EAGLE WRESTLING TROPHY TOURNAMENT

SUNDAY – March 11, 2012 Trophy for 1st place, medals for 2nd, 3rd & 4th

Where: Lutheran High Northeast School 2010 North 37th Street, Norfolk, Ne 1 ½ Miles North of Hwy 275 on 37th Street

Entry Options & Fees: **NO CALL-IN REGISTRATIONS**

- ❖ **On-Line Registration: \$12** Registration on-line can be made until Saturday, March 10, 2012 at 9:00 PM
 - On-line registration: **www.nlewc.org** Pay on-line or at weigh-in.
 - **Mail-In Registration: \$12** **MUST be postmarked ON OR BEFORE March 7, 2012**
- ❖ **Walk-in Registration: \$18** All walk-ins are **WELCOME**

<u>Divisions by Grade</u>	<u>Periods</u>	<u>Weigh-in</u>	<u>Start Wrestling</u>
P-K	3 one-minute	1-1:30 pm	2 pm
1 st – 2 nd grade	3 one-minute	1-2:30 pm	3 pm
3 rd – 4 th grade	3 one-minute	2-3 pm	After 2 nd grade
5 th – 6 th grade	3 one-minute	2-4 pm	After 4 th grade
7 th – 8 th grade	3 – 90 second	2-5 pm	After 6 th grade

**AUTO
BRACKET
USED**

Format: AUTO BRACKET - Four-man round robin, everyone will wrestle 3 matches if possible.

Officials: Certified official will be present, Current & Past High School Varsity wrestlers.

Concessions: Available all day with meal deals.

Admission: Adults - \$3.00 Students - \$1.00 Pre-school-Free Family rate-\$6.00

In case of inclement weather, please listen to FM 94.7, 92.7, 106.7, for any delay's or cancellations.

Tournament Director: Max Kant 402-649-7114

Tournament entries questions: Nadine Peters - 402-750-3083 Email: nadine5106@telebeep.com

NO CALL-IN REGISTRATIONS **Must be postmarked on or before March 7, 2012**

=====**CUT HERE**=====

(Please print clearly)

Wrestler's LAST NAME: _____ **FIRST NAME:** _____

Club/School: _____ **DOB:** ___/___/___ **Grade:** _____

Years of Experience: _____ **This season: Wins:** _____ **Losses:** _____

Weight: _____

In consideration of your accepting this entry, I hereby for myself, my heirs, my executors and administrators, waive and release the Little Eagle Wrestling Club, Lutheran High Northeast Schools and all their associates from any liability from any and all injuries suffered by me or my family in connection with the Little Eagle Wrestling Club Tournament.

Parents: _____

Parent or Guardian Signature (must sign) _____ **Date:** _____

Checks payable to: LEWC **Mail to: LEWC, 5106 W. South Airport Road, Norfolk, Ne 68701**

Check # _____ Cash _____