



# NORRIS WRESTLING CLUB

19<sup>TH</sup> Annual Wrestling Tournament  
Sunday February 19<sup>th</sup>, 2012  
Norris High School  
(Firth, Ne)



**BRACKETS:** Bracketing will be done the day of the tournament. Four man round robin. Less than 4-man brackets may be used to maintain reasonable weight differential. Brackets for Junior High will be greater than 4-man when possible.

## WEIGH-IN AND WRESTLING TIMES

Pre-K & Kindergarten:	Weigh-in: 7:00 – 8:00	Wrestle: 9:00 am
1 <sup>st</sup> & 2 <sup>nd</sup> Grades:	Weigh-in: 7:00 – 9:30	Wrestle: 10:30 am (approx)
3 <sup>rd</sup> & 4 <sup>th</sup> Grades:	Weigh-in: 7:00 – 11:00	Wrestle: 12:00 pm (approx)
5 <sup>th</sup> & 6 <sup>th</sup> Grades:	Weigh-in: 7:00 – 12:30	Wrestle: 1:30 pm (approx)
7 <sup>th</sup> & 8 <sup>th</sup> Grades:	Weigh-in: 7:00 – 1:30	Wrestle: 3:00 pm (approx)

**NO LATE WEIGH-INS WILL BE ALLOWED! Wrestle times may be moved up if needed.**  
**NWC reserves the right to limit entries to 500 participants.**

## ENTRY FEE & DEADLINE: NO CALL OR WALK INS!!

\$17.00 per wrestler if registration is done on-line, payment will be taken online

To Register: [www.norriswrestlingclub.com](http://www.norriswrestlingclub.com)

On-line registration for this event will end at 6:00 pm Friday, February 17rd

\$16.00 per wrestler if form is mailed in with payment. Must be postmarked by Wednesday, February 15st, 2012.

Mail to: PO Box 366 Hickman, NE 68372

**ADMISSION:** Adult - \$4.00 Students - \$3.00 Under 6 – FREE

**CONCESSIONS:** Available all day

**AWARDS:** Trophies for first, medals for 2-4<sup>th</sup> place

**INFORMATION:** [info@norriswrestlingclub.com](mailto:info@norriswrestlingclub.com)

Please register online: [www.norriswrestlingclub.com](http://www.norriswrestlingclub.com)



2012 NWC Trophy

## **Norris Wrestling Club (Please Print Clearly)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Weight \_\_\_\_\_

Club \_\_\_\_\_ Phone \_\_\_\_\_

2012/2011 Record \_\_\_\_\_ Wins \_\_\_\_\_ Losses \_\_\_\_\_ Years of Experience \_\_\_\_\_

Parents Names \_\_\_\_\_

In consideration of you accepting this entry, I release all rights and claims against the NORRIS WRESTLING CLUB and the NORRIS PUBLIC SCHOOL Dist. #160. I hereby authorize medical treatment in case of injury or accident.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to: **NORRIS WRESTLING CLUB**