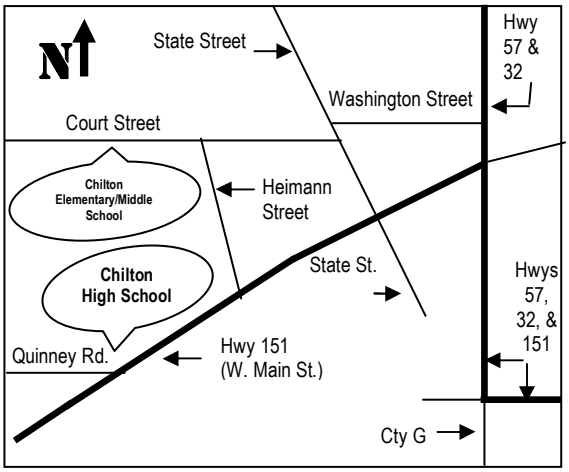
NO WALK-INS

MIKE FIELD
YOUTH WRESTLING TOURNAMENT

Chilton, Wisconsin

This will be a pre-registered event. Event will be limited to the first 550 registrations.

Pre-registration deadline: Postmarked by February 27, 2009



Tournament, Sat., March 7, 2009
(tournament will be held regardless of weather – no refunds)
Chilton High School, West Main St., Chilton, WI
(Parking Lot Entrance off Quinney Rd.)

Weigh-In from 7:00 – 8:30 A.M.

Wrestling to begin as soon as pairing are completed

Entry Fee: $12 per individual
Divisions: K-2, 3-4, 5-6, 7-8
Awards: Medals for ALL places – 1st, 2nd, 3rd & 4th
Individual pins given out for each pin
Optional Team Event
Team Entry Fee: $10 per each 10-wrestler team
(Team entry fee is in addition to individual entry fees.)
Team Trophies Awarded: 1st Place, 2nd Place, & 3rd Place

Matches will be three, one-minute periods with WIAA rules governing. First point in overtime wins. Weight classes will be determined at weigh-ins, with four man round robin brackets used. Wherever possible, participants from the same school will be separated.

NO SPECTATOR FEE! ***NO USA CARD REQUIRED!***

PLEASE NOTE:
In the K-2 division, there will be **NO** head and arm throw takedowns in the standing position!

CONCESSIONS STAND: (sponsored by the Chilton Wrestling Club)
Breakfast meal items: Scrambled eggs, ham, donuts, fruit, and juice
Lunch menu items: Papa Murphy's pizza slices (sausage, pepperoni, or cheese), Dairy Queen hamburgers or cheeseburgers, and hot dogs.

Coaches: If you have a large group coming, please send us your wrestler's signed permission slips along with your name and e-mail address. Please list wrestlers for team event entries. Thank you.

- **NEW THIS YEAR - The Chilton Wrestling Club will be sponsoring a food drive for the local food pantry. For each non-perishable food item a wrestler brings to donate, they will receive a ticket to a special youth raffle. Limit 2 tickets per wrestler.**

PRE- REGISTRATION DEADLINE – **Postmarked by: February 27, 2009!**

Mail entries and fees to: Alan Mueller, Tournament Coordinator, W1828 Bancroft Road, Chilton, WI 53014 (**Make checks payable to: Chilton Wrestling Club**)

PRINTED NAME_____

SCHOOL OR CLUB_____ GRADE_____

CITY_____ HOME PHONE NUMBER: _____

Parents, Guardians: We, the undersigned agree to allow our child to participate in the Mike Field Youth Wrestling Tournament. We also understand to hold harmless the Chilton Wrestling Club and Chilton Public School District for any injuries received from participating in or attending this event.

For more information contact: Alan Mueller, W1828 Bancroft Rd., Chilton, WI 53014, call 920-849-2524 or e-mail ab3mueller@tcei.com.

SIGNATURE_____ DATE _____