

Saturday, January 10th, 2009

Kewaskum

Kewaskum High School

Kewaskum Indians Wrestling Club Annual Tournament

Divisions: 02-03, 00-01, 98-99, 96-97, 94-95, Folkstyle Tournament.

****Limit 400 Wrestlers****

Weigh-ins: for 1994 & 1995, wrestlers 6:30 – 8:00 / 2003 to 1996, 7:00 – 8:30

94 & 95, to start wrestling at 9:00 am. 03 to 96 will start shortly after bracketing is complete.

4 Man Round Robin

03 to 96, 2 – 90 second (start neutral) periods.

94-95, 3 – 90 second periods.

Awards: Championship T-shirts & Medals for 94&95.

Championship T-shirts & Trophies for 03 to 96,

Team Trophies 1st thru 4th - We do not enter our own team.

Contact Info: Stan Maertz (262)353-3737 or Wendi Dreher (262)689-0122

Entry Fee:

\$12.00 per wrestler pre-registered by January 5th, 2009

\$15.00 at the door

\$10.00 per ten wrestler team

Concessions available all day

Mail Entry to:

K.I.W.C. Tournament

P.O. Box 116

Kewaskum, WI 53040

Kewaskum Indians Wrestling Club Tournament

Saturday January 10th, 2009

Championship T-shirts & Medals for wrestlers born 1994-1995

Championship T-shirts & Trophies for wrestlers born 2003 to 1996

Limited to first 400 wrestlers, four man round robin format.

Date: Saturday January 10th, 2009 at [Kewaskum High School, 1510 Bilgo Lane, Kewaskum WI 53040](#)

Weigh INS: 1994-1995, 6:30-8:00 Wrestling begins approx. **9:00 AM**

2003 to 1996, 7:00-8:30 Wrestling will start shortly after bracketing is complete.

Format: FOLKSTYLE, BIRTH YEAR, 02-03, 00-01, 98-99, 96-97, 94-95,
(Bracketed by Age, Weight & Ability) 03 to 96, two 90-sec. periods. 94-95 three 90-sec. periods (Full mats)

Registration: \$12.00 pre-paid registration \$15.00 at the door

Must be Rec'd by Monday January 5th, 2009

Team competition \$10.00 Team Trophies 1st thru 4th - We do not enter our own team.

Concessions available all day.

For more information contact:

Stan Maertz (262) 353-3737

samaertz1@charter.net

Wendi Dreher (262)689-0122

rwdreher5@verizon.net

Make checks payable to:

K.I.W.C.

Submit lower portion and fees to:

P.O. Box 116

Kewaskum, WI 53040

Fill Out Entire Form Completely and Accurately

Wrestler's NAME _____ Birth Year _____

YEARS EXPERIENCE _____ CLUB NAME _____

Approx. Weight _____ **USUALLY FINISHES:** 1st 2nd 3rd 4th

ADDRESS _____

CITY _____ ZIP _____ Home Phone # (_____) _____

E-mail address: _____

In consideration of your acceptance of this entry in the Kewaskum Indians Wrestling Club Tournament, I, my heir, executors and administrators, waive and release parents, coaches, sponsors, their agents and representatives from all claims and/or rights to damages of injuries, training, competing, or traveling to and from this wrestling tournament. The parent or guardian will assume all liability for injuries from this tournament. _____ (wrestler's name) has my permission to participate in the Kewaskum Indians Wrestling Club Tournament on January 10th, 2009

PARENT OR GUARDIAN SIGNATURE _____ **date** _____