

PORT WASHINGTON PIRANHA YOUTH FOLKSTYLE TOURNAMENT

GREAT COMPETITION!!!! FANTASTIC AWARDS!!!!

SUNDAY MARCH 2, 2008

Held at Port Washington High School
427 West Jackson Street
Port Washington, WI 53074
Weigh-Ins: Saturday Evening from 5:00 – 6:00 PM
Sunday Morning from 7:00 – 8:30 AM
Return to Gym by 9:30 AM
Wrestling to start approximately @ 10:00!

Format: 4 person round-robin whenever possible
Aligns with Regional Age Divisions: 93-94, 95-96, 97-987, 99-00, 01-03

Individual Trophies: 1st Place
Custom Medals: 2nd, 3rd & 4th Places
Team Trophies: 1st, 2nd, 3rd & 4th Places (10 wrestlers per team)

LIMITED 450 WRESTLERS

STRICTLY PRE-REGISTRATION ONLY

Registration Fee Before or on February 25th - \$15.00

Register early due to tournament limits

After February 25th call tournament director to verify space

Team registration - \$15.00

No Tournament Admission Fee

*** No Refunds * No Walk-Ins * No Substitutions ***

USA CARD REQUIRED & MAY BE PURCHASED AT DOOR.

For further information contact Jeff Fleischmann, Tournament Director, at 262-284-3332 after 5:00 PM

PORT PIRANHA YOUTH WRESTLING TOURNAMENT REGISTRATION FORM

PRINT CLEARLY, complete ALL information, and return this form with fee to:

Jeff Fleischmann, 795 S. Main Street, Saukville, WI 53080

Make checks payable to: Port Washington Wrestling Club

Wrestler's Name: _____

Parent/Guardian Name: _____

Year of Birth: _____ USA Card#: _____

Address: _____

Club: _____

City: _____ ZIP: _____

Years Wrestling: _____ Current Weight: _____

Phone: _____

In consideration of my child's acceptance in the Port Washington Wrestling Club Youth Tournament, an activity with inherent injury risk, I, My heirs, executors and administrators waive and release the members, officers, directors, Port Washington-Saukville School District, parents, coaches, sponsors, and their agents and representatives from any and all claims or rights to damage or injuries arising from training, competing or traveling during the activities. All liability for injuries or accidents will be assumed by the parents or guardians of the individual whose name appears on this form. I also give authorization (in case of injury) for emergency medical treatment.

Signature: _____

Date: _____ Emergency #: _____