

# PORT PIRANHA YOUTH FOLKSTYLE TOURNAMENT

EXCELLENT COMPETITION!!!! FANTASTIC AWARDS!!!! GREAT FUN!!!!

SUNDAY, MARCH 8, 2009

Held at Port Washington High School 427 West Jackson Street Port Washington, WI 53074

Weigh-Ins: Saturday Evening from 4:30 – 5:30 PM

Sunday Morning from 7:00 – 8:00 AM

Weigh-ins end at 8:00 AM SHARP – NO EXCEPTIONS!!! Return to Gym by 9:30 a.m.

Wrestling to start approximately at 10:00 (possibly before)!

Format: 4 person round-robin (whenever possible)

Aligns with Regional Age Divisions: 94-95, 96-97, 98-99, 00-01, 02-04

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 due before or on February 25th - \$15.00

Teams of 10+ wrestlers - Coach may call in weights in lieu of weigh-ins by contacting tournament director

Register early due to tournament limit

After February 25th call tournament director to verify space

Team Trophy Registration - \$15.00

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

USA CARD REQUIRED & MAY BE PURCHASED AT DOOR.

Any general questions about the tournament can be submitted to: portpiranha@live.com

For further information contact Gary Knaub, Tournament Director, at 262-305-8670

Please contact the tournament director for information regarding possible hotel and restaurant discounts for tournament weekend.

---

## PORT PIRANHA YOUTH WRESTLING TOURNAMENT REGISTRATION FORM

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

Gary Knaub, 350 Emerald Hill Drive, Fredonia, WI 53021

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 #: \_\_\_\_\_

Where did you hear about our tournament? \_\_\_\_\_

(wiwrestling.com)