

CHATFIELD YOUTH WRESTLING TOURNAMENT

**HUGE FASTEST PIN TROPHY AWARDED TO EACH GRADE DIVISION
(i.e.) Pre-K - K, 1-2, 3-4, 5-6**

When: FRIDAY, MARCH 19TH, 2010

Where: Chatfield High School, Chatfield, MN

Eligibility: Pre-Kindergarten through 6th Grade

**Time: Weigh-ins will be from 4:00 to 6:30 p.m. (Pre- k-2ND by 5:30 p.m.)
Wrestling will start as close to 6:30 p.m. as possible.**

Awards: All Trophy Tournament.

**Rules: High school rules and scoring will be used.
Mat side coaching allowed pass which is available for purchase at the door.**

**Cost: \$10.00 per wrestler, fee must be sent with registration form. Pre-registration forms
must be postmarked by March 15th. NO REFUNDS.
Make checks payable to the Chatfield Wrestling Booster Club.
Limited to the first 300 wrestlers. \$15.00 for walk-ins.**

**Brackets: Wrestlers will be paired according to age and weight on the day of the tournament.
Four man round robin will be used. Three man round robin used if & when necessary.**

**Lunch will be available throughout the evening. If you have any questions please contact Richard
Pagel at (507) 251-0741. Send the form below and payment to:
Jeff Pedretti 6226 Townsview Lane SE Rochester, MN 55904 (507) 281-4700**

Please print

NAME _____ GRADE _____ WEIGHT _____

***ADDRESS _____

WRESTLING CLUB or SCHOOL _____

PHONE _____ BIRTHDATE _____ AGE _____

I give permission for the above named student to participate in the Chatfield youth wrestling tournament. I accept full responsibility for obedience and good sportsmanship. I agree not to hold the Chatfield Youth Wrestling Club, the Wrestling Booster Club, the Chatfield Public School District and it's property responsible for injury or accident to my child traveling to, during and from this tournament and further state that I have adequate health insurance to cover any injuries or sickness incurred during this tournament.

SIGNATURE OF PARENT OR GAURDIAN _____