BERESFORD YOUTH WRESTLING TOURNAMENT
Saturday, December 29, 2007

LOCATION: Beresford High School
302 W. Maple, Beresford

TIME: Weigh-Ins: 7:30-8:30
Wrestling Starts @ 9:30

FORMAT:

DIV I:	6 and Under	DIV IV:	11 & 12
DIV II:	7 & 8	DIV V:	13 & 14
DIV III:	9 & 10	DIV:	GIRLS

TIME PERIODS: 1st 2:00 Minutes
2nd & 3rd 1:00 Minute Each

WRESTLING: Round Robin – 4 Man Bracket
RULES: SD High School Rules will be followed

AWARDS: Trophies for 1st and 2nd Place. Medals for 3rd and 4th Place.
Team Trophies for 1st, 2nd, 3rd Place
Team Gift Certificates
1st - $250.00, 2nd $100.00, 3rd $50.00

ENTRY FEE: $8:00 Wrestlers; Adults $3.00 and Students $2.00
***PRE-REGISTRATION DUE BY WEDNESDAY, December 26th, 2006**
***NO ENTRIES AT THE DOOR**
***WRESTLER MAY PARTICIPATE IN ONE WEIGHT CLASS ONLY**
***PLEASE HAVE WRESTLERS TRIM NAILS BEFORE WEIGH-INS**

FOOD: Food provided by the Beresford Youth Wrestling Club – NO COOLERS
(Breakfast – Pancakes & sausage, muffins, fresh fruit, will be available)

QUESTIONS: Dale Nothdurft – 1-712-258-7500 Michael Lounsbery – 605-763-5443
Shawna Haneke – 605-253-0003 or 605-595-2019
POSTPONEMENT: KELO-TV, KSFY-TV & WNAX Radio

Name:_____ Grade:_____ Weight: _____

Age: _____ School/Club: _____ Record: _____ Yrs. of Experience _____

I certify that _____ is _____ years old and has my permission to compete in the Beresford Youth Wrestling Tournament. I hereby accept full responsibility for his/her behavior and participation. I will not hold the Beresford Youth Wrestling Club/Beresford Public Schools or any of their agents responsible or liable for any accidents that may occur at or during this tournament.

_____ _____
Parent Signature or Guardian Signature Phone Number

Mail or FAX Entry and $8.00 to: Beresford Youth Wrestling Club
c/o Shawna Haneke
46782 307th St.
Burbank, SD 57010
605-253-0003 or Fax to 605-253-0003

E-Mail – shanke@iw.net