

**HARRISBURG BOY'S HOLIDAY WRESTLING TOURNAMENT  
2ND ANNUAL**

(NO CARRY-IN LUNCHES OR COOLERS PLEASE!)

CONCESSIONS WILL BE SERVED

**SATURDAY, DECEMBER 29, 2007**

**WEIGH-INS: 7:30AM TO 8:30AM**

**PLACE:** Harrisburg High School

**RULES:** SD High School Wrestling Rules will be followed

\*\*Wrestling attire only

**TYPE OF TOURNAMENT:** 4-Man Round Robin

**AWARDS:** Trophy – 1<sup>st</sup> Medals 2<sup>nd</sup>-4<sup>th</sup>

**WRESTLING BEGINS AT:** 9:30AM

**AGE GROUPS:** 6 and Under, 7-8, 9-10, 11-12, 13-14 as of day of tourney

**ENTRY FEE:** \$5.00 pre-registered \$7.00 walk-ins

**REGISTRATION:** Mail in by Dec.25<sup>th</sup> to PO Box 415 Harrisburg SD, 57032

- Call in by Dec.25<sup>th</sup> to Rollie Fink @ 743-5386 after 6:00
- Fax to 743-5630
- Walk-in Dec.29<sup>th</sup> from 7:30-8:30 am

**ADMISSION:** Adults - \$5.00 Students, Preschool – free

**TEAM AWARD:** 1-2 Place will receive team award. Coaches will pick 10 wrestlers to earn team points. (Wrestlers must be from home town or club.)

**INJURY: ALL BOYS PARTICIPATE AT THEIR OWN RISK**

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**NAME:** \_\_\_\_\_

**TEAM:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**AGE (DAY OF TOURNEY):** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_

I certify that \_\_\_\_\_ was born on the date stated and is in the \_\_\_\_\_ grade at school. He has my permission to compete in the Harrisburg Boy's Team Wrestling Tournament. I hereby accept full responsibility for his behavior and participation. I agree to not hold the Harrisburg Public Schools or the Harrisburg Boy's Youth Wrestling responsible for any injury or accident to my child. I understand that neither said school nor club is carrying medical insurance to cover my child.

Signature of parent/guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**FOR MORE INFORMATION CONTACT:**

**ROLLIE FINK (743-5386)(351-1976)**

**FAX (743-5630)**

**HARRISBURG BOY'S YOUTH WRESTLING**

**PO BOX 415**

**HARRISBURG SD 57032**