

Chester Booster Pee-Wee Wrestling Tournament

Tuesday, February 9th , 2010
Check-ins 4:00-5:00 Start time 5:15
(Concessions will be available)

Place: Chester Area School

Type of Tournament: 4-Man Round Robin

Awards: Trophies for all places

Age Groups: 6 and under, 7 & 8, 9 & 10, 11 & 12, 13 & 14

Pre-Registration: Required

Admission: \$8 wrestler, \$5 Adult, \$2 Student

Injury: All Wrestlers Participate At Own Risk

Tournament will be limited to the 1st 300 wrestlers

Pre-Registrations can be mailed to: CHESTER AREA SCHOOL

Attn: Youth Wrestling

102 2nd Ave PO Box 159

Chester, SD 57016 or

Faxed to: 605-489-2413 or

Contacts: Gary Bowers 291-9774 after 6pm

Tara Bowers 291-9370 after 4pm or

Email: tara.bowers@k12.sd.us

Name: _____ School/Club _____

Age: _____ (Day of Tourn.) Weight: _____

Experience: 1st year ___ 2nd yr ___ 3rd yr ___ more than 3 yrs ___

I certify that _____ was born on the date stated and is in the _____ grade at school. He/She has my permission to compete in the Chester Youth Tournament. I hereby accept full responsibility for his/her behavior and participation. I agree not to hold Chester Area Schools or The Chester Youth Wrestling Program responsible for any injury or accident to my child. I understand that neither said school or club carries medical insurance to cover my child.

Signature of parent: _____

Telephone Number: _____