

Tournament Entry Form

Name: _____ Weight: _____ Age Wrestling: _____

A _____ B _____ C _____ Novice _____ Number of Years Wrestled: _____

Championship Bracket: _____

Tournament Date: _____ Location: _____

Amount: _____ Cash: _____ Check: _____

Parent/Guardian: _____ Phone: _____

Return entire sheet to Traci or Renae. We will give the bottom portion back to you for your payment. Thank You!

If there are any circumstances that would prevent your wrestler from coming to the tournament (i.e. Sickness, another commitment or weather conditions) please contact one of the following people. We will notify the tournament director of your absence.

**Traci Luce 663-9380 (home)
 474-1900 (cell)**

Renae Hughes 665-3667

Jay Stucky 663-9119

Wrestler's Receipt of Payment

Wrestler: _____ Weight: _____ Age Wrestling: _____

Novice: _____ Experienced: _____

Tournament Date: _____ Location: _____

Amount: _____ Cash: _____ Check: _____

Signature of Person Taking Entry: _____