

JAKE LARSON MEMORIAL



CASPER WRESTLING CLUB

FOLKSTYLE INVITATIONAL

SUNDAY, FEBRUARY 28th, 2010

CASPER EVENTS CENTER

ENTRY FEE: \$15.00 REGISTRATION: 6:00am **WEIGH-INS: 6:00am - 7:30am** WRESTLE: 9:00AM

***Parents please note: Only officials & coaches will be allowed in back for weigh-ins

AGE DIVISIONS: 4 yrs old, 6 & Under, BANTAM, INTERMEDIATE, NOVICE, SCHOOLBOY/SCHOOLGIRL, CADET

***Wrestle the age you will turn in 2010

USA REQUIREMENTS : USA CARD REQUIRED OR PROOF THAT APPLICATION HAS BEEN SENT

(CARD SALES WILL NOT BE AVAILABLE AT TOURNAMENT)

& ALL SINGLET'S MUST BE PRIMARILY RED OR BLUE

COACH'S AND REFEREE'S CARDS ARE ALSO REQUIRED - Coaches Clinic to be held after Weigh-Ins

ADMISSIONS: \$2.00 per person (3 & Under Free) Concessions available - NO OUTSIDE FOOD/DRINKS ALLOWED

Photo Bands \$20.00 - Allows floor admission to photograph your kid(s) match.

AWARDS: 1st, 2nd, 3rd PLACE MEDALS; 4th, 5th, 6th PLACE RIBBONS

TEAM TROPHY - 1ST PLACE

CONTACT: Email - casperwrestlingclub@hotmail.com

NOT RESPONSIBLE FOR ACCIDENTS

BUSH-WELLS SPORTING GOODS WILL BE ON SITE WITH WRESTLING GEAR AVAILABLE FOR PURCHASE

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NAME: _____ USA CARD #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CLUB AFFILIATION: _____ CELL PHONE: _____

DATE OF BIRTH: _____ AGE DIVISION: _____ TELEPHONE: _____

() INDIVIDUAL \$15.00

() CLUB PAY

PARENT or GUARDIAN CONSENT TO PARTICIPATE

I, _____, give my permission for _____

(Wrestler's Name)

to participate in the sport of wrestling with the Casper Wrestling Club. I understand that this permission increases the exposure of my child to unforeseen circumstances which **Casper Wrestling Club, the City of Casper, the Casper Events Center, and their employees** are not liable.

Parent or Guardian Signature

Date