

If you have had enough holiday fun already come join the...

# Festivus for the Wrestivus

## PEM Youth Wrestling Tournament

**Date:** December 29th, 2018

**Hosted by PEM Bulldog Wrestling Boosters**

**Location:** PEM High School (In Plainview, MN)

**Grades:** Pre-K to 6<sup>th</sup>

**Weigh-ins:** 8:00-9:30 AM sharp (PreK to 6<sup>th</sup>) and 9:30 to 11:00 (5<sup>th</sup> and 6<sup>th</sup> only)

**Wrestling Start Time:** 10:30 AM

**Entry Fee:** \$14 walk-ins only (includes coaches pass)

**Admission:** \$4 for adults and \$2 for kids (under 5 free)

**Concessions will be on site all day.**

**Coaching:** One coach will be allowed mat side per wrestler.

**Awards:** Champion T-shirts for 1<sup>st</sup> Place and T-shirt for all wrestlers.

**Rules:**

- 🌿 High School Wrestling and Scoring
- 🌿 4 man round robin when possible
- 🌿 Bracketing will be made by same weight and grade as possible

**Contact:**

🌿 **Mike Matiash** at 507-421-0549 or [mmatiash@isd2899.k12.mn.us](mailto:mmatiash@isd2899.k12.mn.us)



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**Registration Form:** (no preregistration, but you can fill this out ahead of time.)

**Wrestlers Name:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ **LBS.** (Leave blank, Weigh-ins will be conducted the day of the tournament)

**Grade:** \_\_\_\_\_

**Wrestling Club/School:** \_\_\_\_\_

**Rank:** \_\_\_\_\_ (1 to 5, 1 being first tournament ever and 5 being wins 90% of the time)

**Paid:** \_\_\_\_\_ **\$14**

(Make checks out to PEM Wrestling Boosters.)

In consideration for the acceptance of this entry blank, I agree to be legally bound herewith for myself, my heirs, executor, administrators, assigns, and do herewith waive and release the owners of the real estate where this tournament is to be held, and their agents, representatives, committees and members from any and claims to rights to damages for injuries and/or losses suffered by me whether by training, attendance in or traveling to or from this tournament, and further state that have adequate health and accident insurance to cover any injuries or sickness incurred during this tournament.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_