

2019 DETROIT LAKES OPEN

DATE: **SUNDAY, JANUARY 27TH, 2019**
LOCATION: **DETROIT LAKES HIGH SCHOOL**

TIME: **WEIGH-INS 11:00 TO 12:30**

WRESTLING STARTS AT 1:00

AGES: **GRADES PreK - 6**

AWARDS: **TROPHIES for 1ST PLACE**

MEDALS FOR 2ND, 3RD & 4TH PLACES

COST: **\$12.00 PER WRESTLER**

\$5.00 PER FAN-SPECTATOR (UNDER 12 = FREE)

- **Four man round robin brackets whenever possible.**
- **Brackets will be determined by grade and weight.**
- **Periods will be 1 minute**
- **Electronic Score clocks at every mat!**
- **All wrestlers must have the document below signed by a parent or guardian.**

FOR MORE INFORMATION CONTACT:

ROB ULLYOTT: 841-3125 DL High School: 847-4491

NATE WEBER: 847-0164

Name: _____ Grade: _____ Wt: _____

School: _____ Years of Experience: _____

I hereby give _____ permission to take part in the Detroit Lakes Elementary wrestling tournament. I understand that the school is not held liable for any accidents that may occur and that there is no school insurance program for my child. To the best of my knowledge my child is in good health and physical condition.

Parent/Guardians signature: _____ Date: _____