



# **35<sup>th</sup> Annual Border West Bucs Open**

**Sunday March 17<sup>th</sup> 2019**

## **Wheaton High School**

1700 3<sup>rd</sup> Ave S

K-6<sup>th</sup> Grade

4 Man Round Robin

Entry Fee \$10.00

**Weigh-Ins 11:00-12:30**

**Wrestling to start approximately 1:00 p.m.**

**Pairing by grade and weight**

**Trophies to all Wrestlers**

Contacts:

Jerrel Olson: 320-287-0738 and Paul Frisch: 701-866-5014

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

School: \_\_\_\_\_

I hereby give my permission for my child to participate in the Border West Bucs Open Wrestling Tournament. I understand that he/she is entering this event at his/her own risk, and assumes responsibility for any injuries that he/she may receive as a direct or indirect result of participation in this activity. I also agree not to hold of the employees or volunteers of Bucs program or Border West Wrestling Boosters responsible for said injuries. I verify that the age and grade listed on this entry form are accurate.

Signature Parent/ Guardian: \_\_\_\_\_