## MARION YOUTH WRESTLING BOOSTERS

## Gene Mills Eastern Nationals Qualifier

## Tournament Saturday January 24th, 2015

Wrestler's Name _	Birth Date			
Address	Phone			
			Present Grade	
Parent/Guardian .	Name(s)		Phone	
Town / Team Nan	ne			
responsibility for any this event. I hereby a	medical cost incurred ccept any the obligat	d if my child needs medical at	of injury to participants. Therefore, I accep tention due to injuries sustained while part hild and myself and to release the MYWBC, l or myself.	icipating in
Parent or Guardian Signature			Date	
Wrestler Signature			Date	
			cut and save	bottom half
Location:	Marion High 4034 Warner Marion, N.Y.	Road		
Details:	Saturday January 24 <sup>th</sup> , 2015 Split Session - 4 man round robin bracketing 5/6, 7/8, 9/10 - Weigh in / Registrations 7:00 am to 8:30 am - Wrestling to begin at 9:00 am II/12, I3/14 - Weigh in / Registrations until II:00 am - Wresting to begin at Noon (completion of am session) Certified Officials NO J.V. or Varsity Experience (3) one minute periods Food available all day Tournament director reserves the right to combine weight classes for better wrestling.			
Awards:	1 <sup>st</sup> place throu	gh 4 <sup>th</sup> - Top (4) finish	ers in each class qualify for Gene	e Mills
Registration:	Checks payab	le to: MYWBC		1.5
L <b>ontact:</b> Dai			isquirrel@yahoo.com Booster Cli ipp3@gmail.com  Marion Youth	