MARION/WILLIAMSON YOUTH WRESTLING BOOSTERS

Gene Mills Eastern Nationals Qualifier Tournament Saturday January 19, 2019

Wrestler's Name		Birth Date		
Address	Phone			
Weight	_ Experience	Present Age	Present Grade	
Parent/Guardian	Name(s)		Phone	
Γown / Team Naı	me			
full responsibility for participating in this	any medical cost incurred if	my child needs medical atter ne obligation to be responsibl	y to participants. Therefore, I accept ation due to injuries sustained while e for my child and myself and to release ality to my child or myself.	
Parent or Guardian Signature			Date	
Wrestler Signature	:		Date	
			cut and save bottom half	
Location:	Marion High School 4034 Warner Road Marion, N.Y. 14505			
Details:	Saturday January 19th, 2019 (WALK IN REGISTRATION) Split Session - 4 wrestler 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 NO J.V. or Varsity Experience 11/12, 13/14 - Weigh in / Registrations until 11:00 am - Wresting to begin at Noon (completion of am session)			
	Certified Officials on (3) one minute period *Tournament director wrestling.	ls	nbine weight classes for better	
			s for $1^{ m st}$ place finishers ene Mills Tournament	

Registration: \$25.00 per wrestler

Checks payable to: MYWBC

<u>Contact:</u> Dan Hollingshead - Booster Club President hollingshead@rochester.rr.com

* Food available all day *