NORSE OPEN

Pre-season Wrestling Tournament

Saturday, November 5th, 2011

Regents Center at Luther College Decorah Iowa

Compete against Wrestlers from ***Iowa, Illinois, Minnesota*** *and* ***Wisconsin****.*

Two Divisions

6th -7th-8th Graders **and** 9th-10th- 11th- 12th Graders

Weigh-ins Friday Nov 4th 6 pm-7 pm

or

Saturday Nov 5th 7 am-8:30 am

Entry Fee: $20.00 for PREREGISTERED and $25.00 for WALK-INS.

Tournament will be limited to first 500 entries. No Refunds. Iowa High School rules will be used.
Four-man Round Robin brackets will be established. Both Divisions will wrestle 2-1-1 periods.

T-shirts will be awarded to the champion of each weightclass.

Luther Wrestling Alumni/Intrasquad meet to follow at 2:30 pm with free admission.

CIRCLE ONE: **6th- 8th Grade** **9th-12th Grade**

NAME_____SCHOOL OR CLUB_____

ADDRESS_____

CITY _____STATE_____ZIP CODE_____

PHONE_____ CELL _____PARENT'S CELL_____

EMAIL_____ PARENT'S EMAIL _____

AGE_____ GRADE_____ WEIGHT_____ 2010-11 RECORD_____

OTHER USEFUL BRACKETING INFO SUCH AS STATE PLACING, EXPERIENCE LEVEL, TEAMMATES OR RELATIVES YOU WANT TO STAY AWAY FROM IN BRACKETS, ETC:

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Mail entry and fee ***BY WED, NOV 2nd*** to: **Dave Mitchell 700 College Dr. Decorah, IA 52101**

MAKE CHECKS PAYABLE TO: LUTHER WRESTLING

For more Info Contact**: Dave Mitchell at (563) 387-1713 or Email at Mitch@luther.edu**

OR Billy Huebner (608) 790-2468 or Email at Coachbilly@luther.edu

I/we certify that _____ was born on the date stated and has my/our permission to compete in the Norse HS Open Wrestling Tournament. I also certify that he/she is in the grade listed. I/we hereby accept full responsibility for his/her behavior and for his/her participation and any injuries that may occur.

Parent or Guardian Signature_____

Print Parent Names_____