



**CANTON WRESTLING CLUB**  
**31<sup>ST</sup> OPEN TOURNAMENT**  
**SATURDAY MAY 2<sup>ND</sup>, 2009**

**ENTRY DEADLINE:** April 29<sup>th</sup>, 2009 (WE WILL ACCEPT LATE ENTRIES AT THE DOOR)

**LOCATION:** Alice Ingersoll Gymnasium, 44 W. Walnut St. Canton, IL 61520

**ENTRY FEE:** Early Entry \$10 per wrestler  
 Late Entry at the door \$15 per wrestler

**MAKE CHECKS PAYABLE TO:** CANTON WRESTLING CLUB  
 P.O. BOX 551  
 CANTON IL, 61520

**INSURANCE:** Each participant must provide their own accident insurance & sign attached waiver

**WEIGHT CLASSES:** Weight classes will be determined after weigh in. There will be 4 man RR whenever possible.

**AGES ARE DETERMINED AS OF January 1<sup>st</sup>, 2009.** Be prepared to provide a photocopy of birth certificate at weigh-in.

**7 DIVISIONS**

PEE WEE	5yrs & under	INTERMEDIATE	12, 13, & 14yrs
MINI MIDGET	6 & 7yrs	HIGH SCHOOL GRADES	9,10, &11
MIDGET	8 & 9yrs	OLD TIMERS	Seniors & older
JUNIOR	10 & 11yrs		

All 14yr  
 HS  
 Freshmen  
WILL  
 wrestle in  
 the HS  
 Division

**WEIGH-INS** 7:00-8:00 AM **WRESTLING STARTS** 9:30 AM

**ILLINOIS HIGH SCHOOL RULES WILL BE OBSERVED**

**AWARDS:** Custom Medals for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> place in each weight class (all wrestlers in 4 man RR will receive an award)

FOR FURTHER INFORMATION CONTACT: CANTON WRESTLING CLUB  
 P.O. BOX 551  
 CANTON, IL 61520  
 PHONE: MATT KEES (309) 647-6494

PLEASE PRINT

CANTON WRESTLING CLUB  
 31<sup>ST</sup> OPEN TOURNAMENT  
 MAY 2<sup>ND</sup>, 2009

EARLY ENTRY FEE: Due by 4/29/08  
 FEE: \$10 early OR \$15 at the door

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ (will be used to send the 2010 Flyer)

City: \_\_\_\_\_ State: \_\_\_\_\_

Age (as of 1/1/09): \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle One: PEE WEE MINI MIDGET MIDGET JUNIOR INTERMEDIATE HIGH SCHOOL OLD TIMER

In consideration of your acceptance of this entry, I, intend to be legally bound hereby, for myself, my heirs, executors, and administrators, and waive and release the CANTON WRESTLING CLUB, and their agents, representatives, committees, and members from any and all claims or rights to damage for injuries or losses suffered by me directly or indirectly in training, or traveling to or from, or competing in, or attending the CANTON WRESTLING CLUB OPEN TOURNAMENT. Anyone falsifying information will be reported to their Coach or Principal.

SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_

Each contestant must complete a separate form. Additional forms may be photocopied.

**PLEASE MAIL TO: Canton Wrestling Club**  
**P.O. Box 551**  
**Canton, IL 61520**

**NONREFUNDABLE**



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