



Stillman Valley Holiday Tournament

****IKWF Sanctioned Event****

PRE-REGISTRATION ONLY

No walk-ins will be taken at the door

325 Wrestlers Max!

Entries are limited! (First-come first-accepted basis)

Date: Sunday, Dec. 20th, 2009

Weigh- In: 6:30am – 8:00am

(Wrestling starts between 8:30AM-9:00AM)

Location: Stillman Valley High School
425 Pine St.,
Stillman Valley, IL 61084

Pre-Registration Fee: \$15 / wrestler

Registration: Each team representative will be forwarded a password to register their wrestlers through TrackWrestling.com. **One team check and all waivers must be postmarked no later than December 4th in order for all reserved spots to be guaranteed. Please mail to: Stillman Valley Wrestling Club, c/o Tim Duffy, 7438 Vista Dr., Stillman Valley, IL, 61084.**

All openings after this date will be filled on a first-come, first served basis. There will be no refunds for no-shows.

Rules: Proof of IKWF registration (and/or USAW card) required – NO EXCEPTIONS!

Body checks will consist of skin, hair and fingernails. No wrestler will be allowed to compete with fake tattoos and /or jewelry. You must have a signed and dated IHSA form in hand for any skin condition.

Questions?: Please contact Tim Duffy @ 815-262-4801

Divisions: Tots (6 & under), Bantam (7-8), Minor (8, 9 & 10), Novice (10, 11 & 12), Senior (12, 13 & 14)

Brackets: Blocked Weight & Round Robin (all matches will consist of 3 – 1 min. periods)

Team Awards: Team Trophies for 10 & under; 11 & up (entry fee/team \$10 – participation optional)

Concessions: Open all day (No drinks or coolers in the gym)

Admissions: Adults \$3.00; 5 & up \$1.00, 4 & under free, & coaches are free

Coaches Cards are required and must be displayed to be mat-side!



Make checks payable to your own wrestling club:

Name: _____ 2009-10 IKWF Age: _____ Date of Birth: _____

Address: _____ City, State, and Zip: _____

Phone#: _____ USA Card#: _____ (required)

DIVISION: Tot Bantam Minor Novice Senior Exp. Level: _____ yrs
(6-under) (7-8) (8, 9 & 10) (10, 11 & 12) (12, 13, & 14)

Wrestling Club: _____ Email: _____

In consideration of acceptance of this entry, I & my parents/guardians, intending to be legally bound hereby waive and release Stillman Valley Wrestling Club, Stillman Valley High School, Meridian Unit School Dist. #223, their names and agents from any claims or right to damages for injuries or losses suffered by me/them directly or indirectly while traveling to or from, competing or attending this tournament. I also understand that I & my parents/guardians are responsible for our own insurance. The SVWC reserves the right to photograph, and or videotape participants during tournament for promotional purposes. I understand that by signing this form, I consent to the use of these photos in future program advertisements, websites, and other uses related to this program.

Signature of parent or guardian: _____ Date: _____