

Archbishop Bergan Booster Club Novice Wrestling Invitational

Sunday, February 10^h, 2008

Archbishop Bergan High School

545 E. 4th St., Fremont, NE

Approximate Schedule – WRESTLING STARTS AT 10AM

Pre K – K 10AM

5th & 6th Follows 3rd & 4th

1st and 2nd Follows Pre K – K

3rd & 4th Follows Pre K -2nd

7th and 8th Follows 5th and 6th

WEIGHT CLASSES: Wrestlers will be pre-bracketed according to weight on entry form. There will be no weigh ins. Be Honest.

Wrestlers will be grouped by weight with a maximum difference of 5 lbs. when possible (If challenged must be within 3 lbs. of weight sent in. If a wrestler loses a weight challenge – he will be disqualified). \$10 charge for each challenge if the challenge does not result in a disqualification.

FORMAT: 4 Man Round-Robin

COACHES: Coaches meeting will be held at 9:30 AM.

ENTRY FEE: \$10.00 per wrestler (No Refunds)

DEADLINE: Entries must be postmarked by Wednesday, February 6, 2008

MAIL ENTRIES: Bergan High School 545 E. 4th St., Fremont, NE 68025

MAKE CHECKS PAYABLE TO: Bergan Booster Club

ADMISSION: Adults \$3.00 Children \$1.00 Senior Citizens \$1.00

AWARDS: Medals will be awarded to top 4 places in each category. Wall bracket to champion.

CONCESSIONS: Food and drink will be available all day. Coolers will be allowed in commons area only.

CONTACT INFORMATION:

Roger Ortmeier (402) 721-9683 Ext. 12

Ben Nicola (402) 727-3981

Fax (402) 721-5366

Please Print Clearly

Archbishop Bergan Wrestling Tournament Entry Form

NAME _____ BIRTHDATE _____ AGE _____ GRADE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CLUB _____

WRESTLING EXPERIENCE _____ YRS. RECORD: WINS _____ LOSSES _____ WEIGHT _____

Liability Waiver: In consideration of your accepting this entry, I hereby for myself and administrators, waive and release any and all injuries suffered by me at or in connection with the 2007 Archbishop Bergan Booster Club Wrestling Tournament, or Archbishop Bergan Catholic Schools.

WRESTLER'S SIGNATURE _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____