

TURTLE MOUNTAIN WRESTLING CLUB FOLKSTYLE TOURNAMENT

DATE: MARCH 20<sup>th</sup>, 2010

LOCATION: TURTLE MOUNTAIN COMMUNITY HIGH SCHOOL

WEIGH-INS: E-MAIL OR FAX BY **NOON FRIDAY – MARCH 19<sup>TH</sup>**  
EMAIL TO [jerome.l.decoteau@sendit.nodak.edu](mailto:jerome.l.decoteau@sendit.nodak.edu) or  
[travis.larocque@sendit.nodak.edu](mailto:travis.larocque@sendit.nodak.edu)  
FAX TO (701) 477-8821

REGISTRATION: PLEASE PROVIDE NAME, **DOB, DIVISION, AND WEIGHT**

CHECK IN: 8:00-9:00 AM

START TIME: 10:00 AM

ENTRY FEE: \$7.00

ADMISSION: ADULTS \$5.00  
STUDENTS \$3.00

RULES: ROUND ROBIN – WEIGHT CLASSES WILL BE GROUPED ACCORDING TO USA DIVISION IN 4-5 PERSON GROUPS WHEN POSSIBLE

AWARDS: 1<sup>ST</sup> THROUGH 4<sup>TH</sup>

CONTACTS: JEROME DECOTEAU -(701) 550-9374  
TRAVIS LAROCQUE - (701) 278-4439

THIS IS A SANCTION TOURNAMENT AND STATE QUALIFIER, CARDS WILL BE STAMPED.  
(Teams/Coaches who plan on coming to the tournament please contact Jerome in advance to help plan for awards.)

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Name \_\_\_\_\_ School/Club \_\_\_\_\_

I, the undersigned, parent &/or legal guardian of \_\_\_\_\_, hereby authorize his/her participation in the 2009 Turtle Mtn. Wrestling Tournament. The undersigned hereby releases, absolves, and the tournament management/staff from any and all claims of damages and/or injuries sustained as a result of the participation in this tournament. The undersigned also hereby authorizes the tournament management and staff to seek proper medical attention in the case of an injury if the involved athletes' parents, coach, or legal guardians are not available at the time of injury.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ Division \_\_\_\_\_ Weight \_\_\_\_\_