

**Delavan – Darien Youth Wrestling Club**  
**2010 Youth Folkstyle Tournament**  
**Sunday, January 10, 2010**

**Location:** Delavan – Darien High School  
150 Cummings St., Delavan, WI 53115

**Weigh – In:** Saturday 1/9/10      5:00 p.m. – 6:00 p.m.  
Sunday 1/10/10      7:00 a.m. – 9:00 a.m.

**Format:** 4 person round robin

**Divisions:** Pre-K – K; 1<sup>st</sup> – 2<sup>nd</sup>; 3<sup>rd</sup> – 4<sup>th</sup>; 5<sup>th</sup> – 6<sup>th</sup>; 7<sup>th</sup> – 8<sup>th</sup>

**Awards:** Trophies for all places  
Team trophies for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

**Entry Fees:** \$15.00 pre-registered, must be received prior to 12/31/09  
\$20.00 at the door

\$20.00 Team Tournament (10-person team)

**USA Card Required!!**

May be purchased at the door for \$35.00. Birth Certificate required to purchase card –  
No Exceptions!

**Questions:** Nieves Gonzalez      262-740-2225 or 262-903-2641  
Craig Lodahl      262-740-0702

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NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE: \_\_\_\_\_

CLUB: \_\_\_\_\_ USA CARD #: \_\_\_\_\_

In consideration of my child's acceptance into the Delavan-Darien Youth Wrestling Tournament, I, my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and members from any and all claims or right to damages from injuries in traveling to and from and/or competing in the meet or any other phase of the program. I also give my authorization for emergency medical treatment.

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to: Delavan-Darien Youth Wrestling Club**

Mail check and completed form to: DD Youth Wrestling  
Sharon Gonzalez  
N4794 Ridge Prairie School Rd.  
Delavan, WI 53115