

Florence Youth Wrestling Tournament

Date: Sunday, January 26, 2025

Location: Florence High School Gymnasium, Florence, WI
425 Olive Avenue, Florence, WI 54121

Registration: 7:30 a.m. – 8:30 a.m. (central time)
No WEIGH-INS: **HONOR SYSTEM** ** Random weigh ins may be conducted**

Wrestling will begin as soon as the bracketing is complete!

Awards: Team Trophies 1st, 2nd, and 3rd -- Individual awards will be medals

Entry Fee: \$20.00 for each pre-registered wrestler and \$25.00 at the door.
\$10.00 team entry - 10 wrestlers per team and only one per school. USA Card is not required!

Divisions: PreK-K, 1-2, 3-4, 5-6, 7-8 Folkstyle Four-Man Round Robin (Any exceptions to the posted divisions will be agreed upon by a Florence Youth Wrestling Coach and the child's coach and/or parent)

Each wrestler **MUST** have a signed waiver in order to wrestle. We must limit our number to 300 wrestlers. Walk-ins will be accepted until cap is met!

There are no refunds if the wrestler does not attend the tournament!

Spectators will be charged an admission of \$3.00 for adults and \$1.00 for students. (5 and under FREE)

Pre-registration slips with entry fee MUST be received by January 22, 2025.

PLEASE SEND FORM & FEE TO: Florence Youth Wrestling
P.O. Box 54
Florence, WI 54121
Phone: 715-292-0963 with questions or
E-mail: florenceyouthwrestling@gmail.com

Please Make Check Payable To: Florence Youth Wrestling

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NAME: PLEASE PRINT LEGIBLY: _____

GRADE: _____ AGE: _____ WEIGHT _____ YEARS WRESTLING _____ CIRCLE ONE: BEGINNER/ AVERAGE/ADVANCED

PHONE: _____ WRESTLING CLUB: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I, _____, give my permission for the above named wrestler to compete in the Florence Youth Wrestling Tournament. I agree that the Florence Athletic Association, the Florence Public School System, the Florence Youth Wrestling Club, and all volunteers associated with the tournament, will not be held liable nor financially responsible for any injury, illness, or loss of property that I, my family members, or the above named wrestler might incur during, or traveling to and from this wrestling tournament.

Signature: _____ Date: _____

(Parent Or Guardian)

Mail to: FLORENCE YOUTH WRESTLING, P.O. BOX 54, FLORENCE, WI 54121