



## Tournament Sign Up Form

\*Tournament Name and Location: Fulton Wrestling Classic - Fulton, MO

\*Date of Tournament: January 14, 2017

\*Tournament Fee: \$20

Wrestler's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

\*Due Date: December 27, 2016

I hereby give my child permission to wrestle in this tournament. I also understand if the tournament fee is not paid by the above listed due date, he/she will not be allowed to wrestle in this tournament.

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Signature of Parent or Legal Guardian

<http://www.southernbooneymca.org/>

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