



Tournament Sign Up Form

*Tournament Name and Location: Missouri USA Wrestling Rookie State – Sedalia, MO

*Date of Tournament: January 28, 2017	*Tournament Fee: \$30	
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Wrestler's Name: ______ Age: _____ Weight: _____

*Due Date: January 25, 2017

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.

Signature of Parent or Legal Guardian

http://www.southernbooneymca.org/

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