



Tournament Sign Up Form

*Tournament Name and Location: Tri-Cap 4th Annual Rookie Tournament - Jeff City Helias

*Date of Tournament: December 17, 2016

*Tournament Fee: \$15

Wrestler's Name: _____ Age: _____ Weight: _____

*Due Date: December 1, 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.

Signature of Parent or Legal Guardian

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

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