



# Harvard Wrestling Club's 35<sup>th</sup> Annual Dean's Classic

Folkstyle Tournament



Sponsored by Dean Food's, Inc. – Chemung, Illinois  
&  
Harvard Chevrolet, Buick & GMC



**Date:** Sunday March 18, 2018  
**Weigh-Ins:** 7:00 – 8:00 a.m.

**Location:** Harvard High School 1103 N. Jefferson St.  
**Wrestling Starts:** 9:00a.m. (Or as soon as brackets are ready)

**Divisions:**

- |  |   |
|--|---|
| <b>Grades K-2:</b> 4 man round robin – two 90 second periods       | <b>Grades 3 &amp; 4:</b> 4 man round robin – two 90 second periods  |
| <b>Grades 5 &amp; 6:</b> 4 man round robin – two 90 second periods | <b>Grades 7 &amp; 8:</b> 4 man round robin – two 90 second periods  |
| <b>Grades 9 &amp; 10:</b> 4 man round robin – two 2-minute periods | <b>Grades 11 &amp; 12:</b> 4 man round robin – two 2-minute periods |
- (In all divisions, all periods start from the neutral position, and brackets are determined by blocked weight classes)

**Awards:** K-12<sup>th</sup> Grades – **Famous Dean Foods Milk Chug Trophies!**

**Entry Fee:** **Mail:** \$20.00 Advanced Fee (postmarked by 3-9-18).  
**Sign-Up via Internet:** www.harvardwrestling.com (PayPal) \$22.00 (sign-up by 3-16-18).  
**Make Checks Payable to:** Harvard Wrestling Club  
**Send to:** Harvard Wrestling Club – Deans, 801 Casey Ln, Harvard, IL 60033  
Visit [www.harvardwrestling.com](http://www.harvardwrestling.com) for more info

Each wrestler must provide their own insurance. Non-USA Wrestling Sanctioned event. No Cards are needed!

**Open to the first 300 Wrestlers! First come, first serve only.**

**Very highly recommended to pre-register early,** last 16 years tournaments have been sold out!

Information and Questions: [www.harvardwrestling.com](http://www.harvardwrestling.com) or email: [harvardwrestling@gmail.com](mailto:harvardwrestling@gmail.com)

No Coolers allowed in the gym. There will be breakfast on-site. Concession Stand will be available all day!

**Cut here, send bottom portion only.**

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Wrestlers Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_