



# 25<sup>th</sup> ANNUAL CITY HIGH MATPAC WRESTLING CLASSIC



Sponsored by the City High Matpac Wrestling Club

**WHERE:** City High School, Iowa City - 1900 Morningside Drive

**DATE:** Sunday, January 22<sup>nd</sup>, 2017

### **\*\*LIMITED TO THE FIRST 350 WRESTLERS\*\***

<u>Grade/Division</u>	<u>Weigh-Ins</u>	<u>Wrestling Time (approx.)</u>
K-2 Pee Wee	7:00-8:00 am	8:30-11:30 am
3-4 Bantam	7:00-8:00 am	8:30-11:30 am
5-6 Junior	10:30-11:15 am	11:45-2:45
7-8 Senior	10:30-11:15 am	11:45-2:45

**Entry Fee:** \$15.00 pre-registration, \$20.00 at the door. Pre-registrations must be postmarked by Wednesday, January 18<sup>th</sup>, otherwise we will be excepting walk ins at the door.

**Admission:** \$5.00 adults, \$3.00 for children

**Awards:** Champion MatPac T-Shirt and Gold Medal for the champions, medals for 2nd, 3rd, and 4th. Wall charts also for the Champions.

**Team Competition:** Top 3 teams will be awarded a Team Trophy. Sign-up will take place at Registration.

**Individual Competition:** 4 man round robin. Junior High will wrestle 2-1-1 and all other divisions will wrestle 1-1-1. Overtime will be used if necessary. IHSAA rules with exception of headgear, which is optional.

### **REGISTERED OFFICIALS WILL BE USED FOR ALL WRESTLING**

**\*\*A CONCESSION STAND WILL BE AVAILABLE ALL DAY. NO COOLERS IN GYM, PLEASE\*\***

**ENTRY POSTMARKED BY WEDNESDAY, JANUARY 18<sup>TH</sup>, WALK-INS WILL BE EXCEPTED**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School/Club \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Record: WON \_\_\_\_\_ LOSS \_\_\_\_\_

I certify \_\_\_\_\_ is in \_\_\_\_\_ grade and has my permission to compete in the City High Matpac Wrestling Tournament. I hereby accept full responsibility for his/her behavior and participation. I agree not to hold the Iowa City Community School District and/or the City High Matpac Wrestling Club or its members responsible for injury or accident to my youngster. I understand that neither is carrying medical insurance to cover my child.

Pee Wee Division (Gr. K-2)  
your weight \_\_\_\_\_

Bantam Division (Gr. 3-4)  
your weight \_\_\_\_\_

Junior Division (Gr. 5-6)  
your weight \_\_\_\_\_

Senior Division (Gr. 7-8)  
your weight \_\_\_\_\_

Signed by parent or guardian \_\_\_\_\_

Make check payable to: MatPac Wrestling Club

Mail entry and fee of \$15.00 to: 1164 Hampton Ct. Iowa City, IA 52240

Questions: Call Marcus Kurtz 319-338-0214