



24th 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 3rd, 2016

****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. Entries must be postmarked by Wednesday, December 29th to be guaranteed a spot in the tournament.

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

Awards: Champion Matpac Stocking Cap 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 TUESDAY, DECEMBER 29th TO GUARANTEE SPOT

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: Joe Williams PO BOX 851 North Liberty, IA 52317

Questions: Call Coach Joe Williams at 815-978-7636