

2019 Murphy Open

Saturday, December 28th, 2019
Murphysboro Middle School
2125 Spruce St., Murphysboro, IL 62966

Registration: \$20.00 payable to MMS Wrestling. Advanced registration only. Pay at check-in Team checks preferred.
Limited to first 400 entries. Deadline for registration is: 1:00 PM on Friday, Dec.27th.

Weigh-ins: All wrestlers weights must be faxed, called, or e-mailed in by Dec.27th.
Fax # 618-687-2165 or e-mail to ken.meadows@frontier.com
All wrestlers must have signed consent form at check-in.
Entries must have wrestler's name, weight, age, USA Card #, & W-L record.

Eligibility: Wrestlers must have a valid USA Wrestling Card and Coaches must display coach's card on floor.

Format: All age groups will be in 8-man blocked brackets when possible or 4-man round –robins
Age groups: 5 and under, 6-7, 8-9, 10-11, 12-13-14. All matches 1-1-1 min in length. 3 Rounds of wrestling.

Check-in: 7:00-8:30 am. For 9 and under. Start time: Approx. 9:30 am.
7:00-11:30 am. For 10-11, 12- 13-14 Start time: Approx. 1:00 pm.

Awards: 1st-3rd receives trophies, 4th -6th receive medals and Champions receive a wall bracket.

Admissions: Kids \$1, Adults \$3, Family \$5.

Concessions: Concessions will be available all day long. Hospitality room available for all coaches. Murphy Open t-shirts sold.

Information: Contact: Ken Meadows (618) 687-2165 or cell # (618) 534-4374.

Consent Form: Murphy Open Fax# 618-687-2165 or email to ken.meadows@frontier.com

Please fill out completely.

Name _____ USA card # _____ Age Group _____

Club _____ Weight _____ Record: W _____ L _____

In consideration of your acceptance of this entry, I, Intending to be legally bound hereby, or myself, my heirs, executors and administrators waive and Release the Murphysboro Middle School Wrestling, their agents, representatives, committees, and members from any and all claims or rights to damage for injuries or losses suffered by me directly in training, or in traveling to or from, or competing in, or attending the Murphy Open Tournament. Anyone falsifying information will be eliminated from competition.

Parent/Guardian Signature _____ Phone # _____

FAX# (618) 687-2165 or e-mail to ken.meadows@frontier.com Weigh-in Deadline 1:00 pm Friday, Dec.27th.
Please fill in records completely for seeding brackets.

Team Name: _____

WRESTLER'S NAME	WEIGHT	AGE	RECORD	CARD#
1) _____	_____	_____	_____ - _____	_____
2) _____	_____	_____	_____ - _____	_____
3) _____	_____	_____	_____ - _____	_____
4) _____	_____	_____	_____ - _____	_____
5) _____	_____	_____	_____ - _____	_____
6) _____	_____	_____	_____ - _____	_____
7) _____	_____	_____	_____ - _____	_____
8) _____	_____	_____	_____ - _____	_____
9) _____	_____	_____	_____ - _____	_____
10) _____	_____	_____	_____ - _____	_____
11) _____	_____	_____	_____ - _____	_____
12) _____	_____	_____	_____ - _____	_____
13) _____	_____	_____	_____ - _____	_____
14) _____	_____	_____	_____ - _____	_____
15) _____	_____	_____	_____ - _____	_____
16) _____	_____	_____	_____ - _____	_____
17) _____	_____	_____	_____ - _____	_____
18) _____	_____	_____	_____ - _____	_____
19) _____	_____	_____	_____ - _____	_____
20) _____	_____	_____	_____ - _____	_____
21) _____	_____	_____	_____ - _____	_____
22) _____	_____	_____	_____ - _____	_____
23) _____	_____	_____	_____ - _____	_____
24) _____	_____	_____	_____ - _____	_____
25) _____	_____	_____	_____ - _____	_____

COACH'S SIGNATURE _____ AGES & WEIGHTS ARE VALID.