Edwardsville Kids Open 2020

Edison's entertainment complex

USA Sanctioned

DATE: Saturday, January 11th, 2020

LOCATION: Edwardsville High School (EHS), Rt. 157 & Center Grove Rd.

ENTRY FEE: $21.00 Pre-registered. $26 at the door (make checks payable to EWC).

$1 from each wrestler will go to the Southern Illinois RTC

Pre-registered entries must be entered in Track by Thursday, January 9th

WEIGH-IN: ***NO FAXED OR EMAILED WEIGHTS!!*** *(weigh-in @ EHS)*

Friday, January 10th …. ……..……………..6:30 p.m. - 8:30 p.m.
Saturday, January 11th …..……………........6:30 a.m. - 7:30 a.m. for 9 & Under
6:30 a.m. - 11:30 for 10 – 14
6:30 a.m. - 11:30 for Girls

START TIME: Ages 9 & Under……………….....…...Wrestling to begin at approx. 9:00 a.m.
Ages 10 – 14 ………………………..Wrestling to begin at approx. 12:30 p.m.
Girls……………………………….…Wrestling to begin at approx. 12:30 p.m.

AWARDS: Plaque for 1st & 2nd. Custom Medals for 3rd - 6th Place. Bracket board for 1st.

BRACKETS: 8 Man when possible. Every effort made to keep Elite and Beginners separate.

ADMISSION: $3.00 Adults - $1.00 Children **CONCESSIONS:** Food & Drink available all day

BLOOD DRIVE: ***Save Lives. Donate Blood.*** All day (9:00 a.m. – 4:00 p.m.) blood drive for Central IL Community Blood Center. Must have drivers license to participate. Donation time = 15 minutes!

Register online at www.trackwrestling.com (PREFERRED)

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ONSITE REGISTRATION FORM:

Coaches, wrestlers who are non-IL wrestlers MUST show USA Card

NAME:____ PHONE #________________
TEAM:____
RECORD: (Last season)_________________RECORD: (This season)__________________
USA CARD #___________________________ BIRTHDATE:___________________________
AGE GROUP: (circle one) 5 & U 6 & 7 8 & 9 10 & 11 12, 13 & 14 Girls

In consideration of your acceptance of this entry, I intend to be legally bound hereby for myself, my heirs, executors and administrators waive and release THE EDWARDSVILLE WRESTLING CLUB, IKWF, THEIR AGENTS, REPRESENTATIVES, COMMITTEES, FROM ANY AND ALL CLAIMS OR RIGHTS TO DAMAGE FOR INJURIES OR LOSSES SUFFERED BY ME DIRECTLY OR INDIRECTLY IN TRAINING OR TRAVELING TO OR FROM OR COMPETING IN, OR ATTENDING The Edwardsville Kids Open.

Guardian's Signature______________________________________ Date:_________________

Edwardsville Wrestling Club
6168 Center Grove Road
Edwardsville, IL 62025

Phone: 618-204-2415 (Pat McNamara)
Email: pmcnama@gmail.com
Fax: 618-692-9482 (before 10:00 p.m.)