

FRITZ NIELSEN WRESTLING TOURNAMENT

Sponsored by Algona Wrestling Booster Club

Boys and Girls Division will run on Track Wrestling

Tune in to KLGZ 92.7 and KLGZ 98.5 for any weather related announcements

DATE: December 10, 2023 – SUNDAY Doors open at 7:30

PLACE: Algona High School, 600 South Hale, Algona, IA 50511

ENTRY FEE: \$18 On-line Registration (limited to the first 400 wrestlers)
Walk-ins will be accepted up to this number

May wrestle up one age division with consent; multiple divisions charged accordingly
Registration link- [Fritz Nielsen Pre-registration Link](#)

WEIGH-IN: 7:45 – 8:30 a.m. Division 1 Boys (grades 7-8), Division 1 Girls (grades 6-8)
9:00 – 9:45 a.m. Division 2 Boys (grades 5-6), Division 2 Girls (grades 3-5)
10:15 – 11:00 a.m. Division 3 Boys (grades 3-4), Division 3 Girls (grades K-2)
11:30 - 12:15 p.m. Division 4 Boys (grades PK-K) Division 5 Boys(grades 1-2)

WRESTLING: Division 1 followed by Division 2, then Division 3, then Division 4 and 5
Division 1 - full and half mats,
Division 2 & 3 - half and quarter mats,
Division 4 & 5 quarter mats

Four Person Round Robin Brackets
3+ brackets assigned to each mat and wrestle until bracket completion
Awards handed out shortly after the completion of each bracket.

AWARDS: Division 1 & 2 Division 3, 4 & 5
1st Place T-shirt 1st Trophy
2nd Place Medal 2nd Trophy
3rd Place Medal 3rd Trophy
4th Place Medal 4th Trophy
Trophies to TOP 3 TEAMS of 15 wrestlers (\$25 team registration—Algona is not eligible)

Contacts: *Jenni Zabka* (515) 320-0739
Brian Morgan (515) 341-7049

Name _____ Age _____ Birth Date _____

Grade _____ School _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ EMail _____

I certify that _____ was born on the date stated above and has my permission to compete in the Fritz Nielsen Wrestling Tournament. I accept responsibility for the participation, behavior and insurance coverage of my child. I will not hold the Algona Wrestling Booster Club, the Algona Community School District or any of their agents responsible for damages caused by the above entrant. I consent to any medical procedures and treatments that the consulted physician believes to be needed on the understanding that efforts will continue to be made to contact me.

SIGNATURE (Parent / Guardian) _____ DATE _____