

2024 LITCHFIELD WRESTLING SPRING OPEN TOURNAMENT



DATE: SATURDAY MAY 4TH, 2024

LOCATION: LITCHFIELD HIGH SCHOOL SIMMONS GYM

1705 NORTH STATE STREET, LITCHFIELD, IL

WEIGH-IN TIME: 7:00 AM – 8:00 AM (HELD ON STAGE IN GYM)

WRESTLING BEGINS AT 9:30 AM

DIVISIONS:

- KINDERGARTEN - 1ST GRADE (3- 1 MINUTE PERIODS, SUDDEN VICTORY OVERTIME)
- 2ND GRADE – 3RD GRADE (3- 1 MINUTE PERIODS, SUDDEN VICTORY OVERTIME)
- 4TH GRADE – 5TH GRADE (3- 1 MINUTE PERIODS, SUDDEN VICTORY OVERTIME)
- 6TH, 7TH AND 8TH GRADE (1 MIN., 1.5 MIN., 1.5 MIN., SUDDEN VICTORY OVERTIME)
- HIGH SCHOOL (1 MIN., 2 MIN., 2 MIN., SUDDEN VICTORY OVERTIME)
- OPEN DIVISION (1 MIN., 2 MIN., 2 MIN., SUDDEN VICTORY OVERTIME)

ENTRY FEE: \$25 PRE-REGISTRATION (POSTMARKED BY APRIL 25TH, 2024); \$35 WALK-IN REGISTRATION.
USA WRESTLING CARD NOT NEEDED FOR ENTRY.

CUT AND MAIL COMPLETED BOTTOM PORTION FOR PRE-REGISTRATION TO:

CHANCE DAVIDSON
1705 NORTH STATE STREET
LITCHFIELD, IL 62056

NAME: _____ GRADE: _____

ADDRESS: _____ CITY _____ STATE: _____

E-MAIL: _____ YEARS OF EXPERIENCE: _____

PLEASE READ BEFORE SIGNING:

IN CONSIDERATION OF YOUR ACCEPTANCE OF ENTRY, I, INTENDING TO BE LEGALLY BOUND HEREBY, WAIVE AND RELEASE LITCHFIELD HIGH SCHOOL AND LITCHFIELD WRESTLING CLUB, THEIR MEMBERS AND AGENTS FROM ANY CLAIMS OR RIGHT TO DAMAGES FOR INJURIES OR LOSSES SUFFERED BY ME DIRECTLY OR INDIRECTLY WHILE TRAVELING TO AND FROM, COMPETING IN OR ATTENDING THIS TOURNAMENT. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR MY OWN INSURANCE.

PARENT OR GAURDIAN SIGNATURE: _____ DATE: _____

MAKE CHECKS PAYABLE TO: LITCHFIELD WRESTLING