



Indiana's Premier Wrestling Association

Mishawaka Open - Entry Form

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CLUB/SCHOOL _____

DATE OF BIRTH ____/____/____ GRADE _____ AGE _____
Month Day Year

PAYMENT RECEIVED (Circle One): YES NO

AMOUNT RECEIVED: \$15.00

AGE GROUP (CIRCLE ONE): 5&6 7&8 9&10 11&12 13&14 15&18

WEIGHT CLASS _____ ACTUAL WEIGHT _____

PARENT SIGNATURE _____

WEIGH-IN COORDINATOR/ _____

REGISTRANT SIGNATURE _____ DATE _____

WRESTLER NOTES:

- EVERY WRESTLER MUST REGISTER AND WEIGH-IN AT A SATELLITE WEIGH-IN.
- EVERY WRESTLER MUST HAVE THIS ENTRY FORM COMPLETED AND TURNED IN TO THEIR WEIGH-IN COORDINATOR/REGISTRANT AT THE SATELLITE WEIGH-IN THEY ATTEND.

SATELLITE WEIGH-IN/REGISTRANT NOTES:

- PRE-REGISTER ALL WRESTLERS ATTENDING YOUR SATELLITE WEIGH-IN BY EMAILING THEIR NAME, AGE GROUP, DATE OF BIRTH, ACTUAL WEIGHT, AND WEIGHT CLASS TO snyderd@mishawaka.k12.in.us ON OR BEFORE 8:00 PM, March 3rd.
- COLLECT EACH WRESTLER'S ENTRY FORM AND BRING THEM TO THE REGISTRATION TABLE ON SUNDAY MORNING FROM 7:30-8:15 AM. YOU WILL NEED TO HAVE A CLUB CHECK OR CASH FOR THE TOTAL # OF WRESTLERS THAT YOU PRE-REGISTERED. NO PERSONAL CHECKS WILL BE ACCEPTED!