

# 43<sup>rd</sup> Annual BEAR COUNTRY WRESTLING TOURNAMENT

**Organized by: The Mercer County Athletic Booster Club**

**DATE:** Saturday, March 18th, 2023

**LOCATION:** Mercer County High School, 1500 S College Avenue, Aledo

**WEIGH IN AND REGISTRATION:** 7:00-8:30 AM

<u>DIVISION</u>	<u>GRADES</u>	<u>COACHING PASSES</u>
Midget	Kindergarten	1 free per wrestler
Pee Wee	1-2	1 free per wrestler
Bantam	3-4	\$10-1 coach per wrestler
Novice	5-6	\$10-1 coach per wrestler
Junior	7-8	\$10-1 coach per wrestler
Senior	9-11 (NO 12 <sup>th</sup> Grade)	\$10-1 coach per wrestler

**RULES:** Folkstyle (High School Rules)-No jeans or loose clothing

**WEIGHTS CONTESTED:** Wrestlers will be grouped (blocked) after weigh in is over

**GENERAL INFORMATION:** All brackets are 4-man round robin-all contestants receive a trophy

WEIGHT CLASSES FOR ALL AGES WILL BE DETERMINED AFTER WEIGH IN!

**EARLY ENTRY FEE:** \$15.00 (Due prior to March 13th, 2023)

**AT THE DOOR ENTRY FEE:** \$20.00

**SPECTATOR FEE:** Adults \$4.00 & Students \$2.00

THE CAFETERIA IS SERVING THROUGHOUT THE DAY- BREAKFAST SERVED FROM 7:00-9:00 AM

**CHECKS PAYABLE TO:** Mercer County Athletic Boosters

**ADDRESS:** Mercer County Athletic Boosters  
c/o Andrew Hofer  
1500 S. College Ave.  
Aledo, IL 61231

Prizes will be drawn for and given  
away to wrestlers.

**FOR MORE INFORMATION CALL:**

Andrew Hofer (309) 582-2223 or Jeremy Finch (309) 371-8498

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NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ WEIGHT \_\_\_\_\_

In consideration for your acceptance of my entry, my parents, intending to be legally bound, waive and release the MERCER COUNTY SCHOOL DISTRICT #404, TOURNAMENT REPRESENTATIVES, AND MEMBERS from any and all claims or rights to damages for injuries or losses suffered by me directly or indirectly in training for, traveling to and from, or competing in or attending this tournament. Participants must provide their own medical insurance and proof of birth by parent's signature.

PARENT SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_