

**ROGER RICHTER MEMORIAL TOURNAMENT
SATURDAY, JANUARY 24TH, 2009**

Location: BARTON COUNTY COMMUNITY COLLEGE

245 NE 30th Road, Great Bend

Entry Fee: \$15.00 per wrestler (non-refundable) * First 600 Entries *

Entry Deadline: Must be received by Wednesday, JANUARY 21st, 2009.

Rules & Format: Sanction Tournament. High School Rules With Kansas Kids Modifications.
Age as of August 31st, 2008

All Wrestlers Must Have USA Wrestling Card ** (Mandatory Headgear)**

WE RESERVE THE RIGHT TO COMBINE, TO MAKE SUITABLE BRACKETS!
COACHES AND WRESTLERS AT MATSIDE ONLY!

Weigh-in: Friday, JANUARY 23RD, 2009 – 6:00 p.m. - 8:00 p.m. BARTON COUNTY COMMUNITY COLLEGE PRACTICE GYMS

Saturday, January 24th, 2009 – 6:15 a.m. – 7:45 a.m. BARTON COUNTY COMMUNITY COLLEGE PRACTICE GYMS

Coaches Meeting: 8:30 a.m. **Wrestling Starts:** 9:00 a.m.

Awards: Trophies awarded to 1st, 2nd, 3rd and 4th in each bracket.

Weight Division: *List exact weights for all heavyweights*

Please rate wrestlers: (A) usually 1st (B) usually 2nd/3rd (C) usually 4th (D) beginner

6 & U: 37 40 43 46 49 52 55 58 61 64 67 70 73 76 80 88 95-HWT*

8 & U: 40 43 46 49 52 55 58 61 64 67 70 73 76 80 88 95 110 125-HWT*

10 & U: 52 55 58 61 64 67 70 73 76 79 82 85 90 95 100 110 120 130 150 170-HWT*

12 & U: 64 68 72 76 80 84 88 92 96 100 105 110 115 120 130 140 150 165 190 215 240-HWT*

14 & U: 75 80 85 90 95 100 105 110 115 120 125 130 135 140 145 150 155 160 165 175
205 235 265-HWT*

ALL SPECTATORS AND CONTESTANTS ARE REQUESTED TO OBEY THE RULES AND
REGULATIONS OF BARTON COUNTY COMMUNITY COLLEGE AS POSTED AND DISPLAY
EXCELLENT SPORTSMANSHIP THROUGHOUT THE EVENT

⌚ NO SMOKING OR CHEWING TOBACCO **In the athletic complex!**

⌚ FOOD AND DRINKS ALLOWED UPSTAIRS IN GYM ONLY!

CONCESSIONS: Available most of the day!

Apparel: Tournament T-shirts

Send Entries to: Great Bend Kids Wrestling Club

C/O Michael Daniel

PO Box 696

Great Bend, KS 67530

* Please print entry information legibly or submit the entry on a computerized/typed form.
If additional space is needed for entries, please make copies of entry form.

Tournament Director: Rob Liles (620) 792-3784 and Mike Daniel Home: (620) 793-5249,

Cell: (620) 793-4897

Email – mmdaniel2@yahoo.com

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Entry Form

SATURDAY, JANUARY 24TH, 2009

Club Name _____

Contact Person/Phone Number _____

Entries Must Be Received By Wednesday, January 21ST, 2009

Mail Entries To: GREAT BEND Kids Wrestling Club

C/O MICHAEL DANIEL

PO BOX 696

GREAT BEND, KS 67530

Ranking: A – Usually 1st place

Number of wrestlers _____

B – Consistent 2nd/3rd place Times

C – Usually 4th place

Total club cost _____

D – Beginner

NAME	AGE	WEIGHT	RANKING	YEARS OF EXPER.	USAW CARD #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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25					