

# Bill Smith Olympic Champion Wrestling Tournament Sponsored by Cobra Optimist Wrestling Club

## Pre-Registration Required

- Date: Saturday February 6, 2010
- Wrestling will begin at 10:00
- Entry Fee: \$12.00 received post marked by January 31, \$15.00 thereafter  
*Make Checks payable to "Cobra Wrestling Club"*
- Weigh-ins will be:
  - Friday February 5, 2010 6:00 – 8:00 PM
  - Saturday February 6, 2010 7:15 – 8:00 AM
- Location: Thomas Jefferson High School  
2501 West Broadway  
Council Bluffs, IA. 51501
- Format: 5-man round robin when possible otherwise 4-man round robin
- Awards: Trophy to each champion, Medals for 2nd through 4th places
- Insurance: Wrestlers must provide their own medical insurance
- Limited to first 500 wrestlers- register early
- Teams from IA, NE, SD, and KS will be represented
- Concessions provided by Cobra Wrestling Club

## Divisions and Start Times:

Pee Wee	K-2nd	10:00
Senior	7th – 8th	10:00
Junior	5th - 6th	Immediately following above
Novice	3rd – 4th	Immediately following above

### Mail To:

August Manz  
5012 Crogans Way  
Council Bluffs, IA 51501

Any questions contact August Manz (712) 310-1372

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### Cobra Wrestling Club Tournament Official Entry Form

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Approximate Weight \_\_\_\_\_ Record \_\_\_\_\_

In consideration of your acceptance of this entry, I intend to be legally bound, hereby, my heirs, executors and administrators, waive and release the Cobra Wrestling Club, their agents, representatives, committees, and members from any and all claims or rights to damage for injury or losses suffered by me directly or indirectly in training, traveling to or from, or competing in, or attending the Cobra Wrestling Tournament.

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Wrestler's name Parent guardian