

# 2009 MARANATHA

# ★ WRESTLING FESTIVAL ★

- ☆ Walk-ins are welcome!
- ☆ Save \$2 if registration fee is postmarked by March 27!

## SATURDAY, APRIL 4, 2009



## Learn from Olympic wrestler Ben Peterson!

Coach Peterson will be assisted by the Maranatha wrestling team. The Festival is sponsored by Maranatha Wrestling and Camp of Champs Wrestling Camps to provide an educational and enjoyable wrestling experience.

**Ben Peterson**, Tournament Director, Olympic Champion, & Camp of Champs Director



**Phone:**  
920-206-2376

**Fax:**  
920-261-9109

**Email:**  
athletics@mbbc.edu

Hosted on the campus of Maranatha Baptist Bible College. For directions, visit our website: [www.mbbc.edu](http://www.mbbc.edu)

### SEND CHECK OR MONEY ORDER TO:

Maranatha Wrestling Festival  
745 West Main Street  
Watertown, WI 53094

CLASS	GRADES 1-8	HIGH SCHOOL	SENIOR DIVISION (18+)
<b>WEIGH-INS</b>	8:00 - 8:45 a.m.	9:00 - 11:00 a.m.	9:00 - 11:00 a.m.
<b>CLINIC</b>	8:45 - 9:30 a.m.	12:00 - 12:45 p.m.	12:00 - 12:45 p.m.
<b>WRESTLE</b>	9:30 - Noon	12:45 - Finish (~6 p.m.)	12:45 - Finish (~6 p.m.)
<b>RULES</b>	High school rules Bracketed by age and weight for round-robins  Grades 1-8: 4-man brackets 3 one-minute periods	High school rules Bracketed by age and weight (no specific weights)  8-man brackets 3 one-minute periods 2 matches minimum	Freestyle 2 two-minute periods Round-robin bracketing  Weight Classes: 137#    190# 150#    216# 168#    275#
<b>COST</b>	\$15 per wrestler	\$17 per wrestler	\$25 per wrestler
<b>AWARDS</b>	Medals 1st - 3rd 4th place ribbon	Medals 1st - 3rd 4th place ribbon	Medals 1st - 3rd

## REGISTRATION FORM (Please print)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
(at weigh-ins only)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Wrestling Club/Coach \_\_\_\_\_

Registration Fee
<input type="checkbox"/> \$15.00
<input type="checkbox"/> \$17.00
<input type="checkbox"/> \$25.00
Subtract \$2 if registration fee is postmarked by March 27

I hereby authorize the directors of the CRUSADER WRESTLING FESTIVAL to act for me according to their best judgment in any emergency requiring medical attention for my child. The following medical insurance policy covers the participant:

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of parent or guardian (or athlete if 18 or older) \_\_\_\_\_

**MEDICAL INSURANCE REQUIRED AND A PARENT'S SIGNATURE REQUIRED FOR MINORS.  
USA WRESTLING CARDS NOT ACCEPTED. BRING YOUR OWN LOCK. GIRLS WILL NOT BE PAIRED WITH BOYS.**