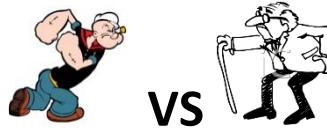


2nd Annual Clay Oeser Old Timers Wrestling Tournament



Entry Form: \$25.00 Cash or check payable to CFP Wrestling Club

Division: _____ **Weight** _____ **lbs**

Name _____ Age _____

Address _____

City, State, Zip Code _____

Phone _____ Email: _____

School or Team Representing: _____

Coach: _____

I hereby release the Canajoharie-Fort Plain Wrestling Team, Canajoharie School District, the tournament officials, and referees from any and all claims regarding any accident, injury, illness, or liability that may be caused in conjunction with this tournament, and will be responsible in full for my health, safety, and welfare.

Signature _____ Date _____

Pooling Information: Please provide any information that can be used to help us enter appropriate wrestlers together. _____

Please help us in making every effort to make this tournament fun and enjoyable for all involved. Good Sportsmanship is a must. Thank you and good luck to all of our competitors.