

Mental Aerobics Wrestling Championship Invite

3rd Annual

March 20th, 2010

RCTC Regional Performance Area - Rochester, MN

- Weigh-ins/skin check -TBD
- Wrestling Starts -TBD
- Finals 4pm (Subject to change)
- 16 man brackets
- 98 pound (scratch weight)
- Standard weight classes (3 pound allowance)

Fees: Athlete: \$25 Coaches (2/athlete): \$20 each Adult Fans: \$12 Fans 5-12: \$5

The mission of this invitational tournament is:

...to present the best tournament by pitting the top wrestlers from all divisions. This high level tournament will benefit those who will be wrestling by challenging them as they have never been challenged. It will also benefit the less fortunate wrestlers who have been or are being challenged off the wrestling mat.

Kids Wrestling for Kids in Need

All donations are appreciated as proceeds will be used to help wrestling families in need.

To wrestle in this tournament you must be invited: (Call Jim@ (507)754-4455 or Nick@ (507)951-0362)

REPEAT OFFENDERS: YOU ARE AUTOMATICALLY INVITED. FILLOUT BOTH FORMS AND SEND IN ASAP

1. Submit the application, on separate page, by March 16th.
2. The Mental Aerobics board will review all applications to form the toughest 16-man bracket.
3. If you are chosen you will receive a phone call.
4. You will then need to send in the acceptance form with a \$25 check made to Mental Aerobics.

Check www.mentalaerobics.us for updates closer to event date

Acceptance Form

After you have received the verbal invite, please fill out this form and send with check (payable to Mental Aerobics): Jim Richardson, Mental Aerobics, 317 1st Street NW, Grand Meadow, MN 55936

Athlete's Name _____ Athlete's weight class _____

Phone number _____ Parent/Guardian

Name _____

If the athlete has not submitted the application please do so and send with this acceptance form.

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2010 MAWC Invite Application

Due March 16, 2010

Athletes Name _____ Print _____ Club/School _____

* Athlete's Signature _____ Date signed _____

Add/State/Zip _____ E-mail _____

Phone # _____ Will be notified by phone _____ Grade _____ DOB _____

Parent/Guardian _____ Print _____ Phone # _____

* Parent/Guardian Signature _____ Date signed _____

Add/State/Zip _____

Phone # _____ E-mail _____

Athlete's Resume

Circle weight: 98(scratch), 103, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, Hwt. (2lb MHSL growth allowance and MAWC 3 pound allowance= total of 5lb allowance)

Season record to date _____ Career record _____ to date _____ HS State Placing _____

Season falls to date _____ Career falls to _____ date _____ HS Section _____ Placing _____

USA Nationals, NYWA, MN/State Placing _____

List any tournament championships or placing that may benefit your resume:

Athletes Medical Insurance Company _____

Medical Insurance Policy Number _____

Family Doctor _____ Preferred Hospital _____

Family Doctor's Phone Number _____

Allergic to: _____ List drugs and non-drugs that the athlete is allergic to.

* In completing this entry form, I verify that the athlete listed above is eligible to compete in the 2010 Mental Aerobics Invite. Upon your acceptance of this entry form, I, my heirs, executors and administrators, intending to be legally bound hereby, waive and release any and all rights I may have against the Mental Aerobics Invite, the Host organization and their representatives from any and all injuries suffered by the coaches and/or athletes at the specified event. I will also abide by the Mental Aerobic Invites Code of Conduct. I understand the athlete listed above needs to have medical insurance to participate in the 2010 Mental Aerobic Invite.

Send to: Jim Richardson, Mental Aerobics, 317st 1st Street NW, Grand Meadow, MN 55936