

#2009 “Sunkids Classic”

Middle School National Tournament

**ALL WRESTLERS ARE WELCOME: UNATTACHED---INDIVIDUAL---
SCHOOL---CLUBS.....**

WE WANT THE BEST WRESTLERS!!!!

**Come see why THIS EVENT has been called the...
“BEST & TOUGHEST MIDDLE SCHOOL
TOURNAMENT IN THE WEST!”**

- **PLACE:** Deer Valley M.S., 21100 N. 27th Ave., Phx., Az 85207
- **CONTACTS:** Alex or Ronda Pavlenko (480) 835-9497
- **TOURN. DATE:** Saturday, January 03, 2009
- **TIME:** Coaches Meeting 8:30 a.m. **WRESTLING BEGINS AT 9:00 a.m.**
- **WEIGH-INS:** Friday, January 02, 2009: 5:30-6:30 p.m. @ Deer Valley M.S.
- **MAIL TO:** P.O. Box 4734, Mesa Az 85201
- **ENTRY FEE:** \$250 Per Team...\$20 for individuals. Team Rosters and Payment Deadline is December 28, 2007, Late fee is \$300 Per team...\$25 for individual. - **NO REFUNDS**
No subs or changes will be made after January 01, 2009.
- **WEIGHTS:** 68, 73, 78, 83, 88, 93, 98, 104, 111, 118, 125, 133, 142, 154, 167, 180,
HWT. (MAX 265 LBS.) *8TH GRADE and below ONLY!!! Can not be 15 before 9/1/08*
 - **MUST MAKE WEIGHT - NO BUMP UPS OR CHANGES**

Please visit our website at www.azsunkids.com
for all the details and to download wavier forms.

"We are committed to excellence"

- **CHALLENGES:** \$25 to file Challenge. (non refundable) Challenged: must show proof of age.
(Birth Certificate, USA Card, AAU Card)

Event Name: Sunkids Classic

INDIVIDUAL WAIVER

NO CHILD WILL WRESTLE WITHOUT WAIVER

In consideration of your acceptance of this form, I hereby for myself, my administrators, my heirs and assigns waive and release any and all rights and claims for damages that I have against the organizers, their associates, representatives and affiliates of this event for any and all injuries of any nature suffered by my child while taking part in this event and any related activities.

(parent or guardian signature)

(Date)

(Name of Student)

Age group ***** Weight

INSURANCE WAIVER

We _____ school or club and our team members will not hold Sunkids wrestling club or Arizona USA Wrestling or Marcos De Niza High School personally liable in case of injury that might be incurred during the said tournament. Furthermore, it is understood that each school or club and/or student must have their own medical insurance in order to participate in the Arizona Jr. High State Championships.

Dated the _____ day of _____ 20__ __

Signed _____
(School- Principal or A.D. Club-Coach)

Accepted by _____ date filed _____

Please mail or hand deliver
c/o Alex Pavlenko
P.O. Box 4734, Mesa, AZ 85211-4734
Mail or Hand deliver at weigh ins

Event Name: Sunkids Classic

TEAM ROSTER

School/Club _____

Coaches *please type or write very legibly*

NAME RECORD TOURN. PLACE

63 _____

68 _____

73 _____

78 _____

83 _____

88 _____

93 _____

98 _____

104 _____

111 _____

118 _____

125 _____

133 _____

142 _____

154 _____

167 _____

180 _____

HWT. _____ (265 LB. MAX)

Coach Name _____ Phone # _____

Fax @ 480-307-8052 or e-mail azsunkids@cox.net or mail to Az. Jr. High State Championships
C/O Alex Pavlenko, P.O. Box 4734, Mesa, AZ 85211-4734

Can not be 15 before 9/1/08