



**MINNESOTA STATE GRECO & FREESTYLE
FREESTYLE TOURNAMENT ENTRY FORM**

**Athlete Information:
(please print)**

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone # _____ **Club Name:** _____

USA Card # _____ (if you do not have your card #, indicate where you purchased the card)

STYLE: Circle One: FREESTYLE GRECO BOTH
(if you are competing in both styles, the same weight will be used for Freestyle and Greco unless you indicate otherwise)

AGE GROUP: Circle One

**PEE WEE (2002-2003)
NOVICE (1996-1997)**

**BANTAM (2000-2001)
SCHOOLBOY (1994-1995)**

**MIDGET (1998-1999)
CADET (1992-1993)**

WEIGHT CLASS: _____

This is the weight class you intend to compete at for the State tournament. You may go up one weight class at the time of the tournament, but will not be allowed to go down a weight class. You can request a change to this weight via an email to weightchanges@mnusawrestling.org up until 7:00 a.m. on April 30th. No exceptions/changes will be made after that time except to go up one weight at the scale. No refunds will be given due to not making weight.

WHAT TOURNAMENT DID YOU QUALIFY AT: _____

**ENTRY FEE IS \$18.00 PER STYLE. IF COMPETING IN BOTH STYLES, THE ENTRY FEE WILL BE \$36.00.
PLEASE ENCLOSE A CHECK OR MONEY ORDER AND MAIL TO:**

**MN USA WRESTLING
PO BOX 231
CANNON FALLS, MN 55009
POSTMARK MUST BE ON OR BEFORE APRIL 27TH.
CHECK WEBSITE FOR UPDATES: WWW.MNUSAWRESTLING.ORG**

If you want to submit payment via a credit card, complete information below:

Name on Credit Card: _____ **Visa/MasterCard (circle One)**

Credit Card # _____ **Expiration date:** _____ **Amount:** _____

I agree for MN USA to bill my credit card for the amount indicated above.

Signature _____ **Print Name:** _____