

# 2024 Murphy Mayhem Beginners' Bash

## 1<sup>st</sup> Year Wrestlers only!

Saturday  
December 14th, 2024  
Murphysboro High School  
50 Blackwood Ln., Murphysboro, IL 62966

**Registration:** \$20.00 payable to MMS Wrestling. Advanced registration only. Pay at check-in. Team checks preferred. Deadline for registration is: 9:30 pm Wednesday, Dec. 11th.

**Email Weights:** Email to [ken.meadows@frontier.com](mailto:ken.meadows@frontier.com) . Entries need wrestler's name, weight, age, USA card #.

**Eligibility:** All wrestlers must be first year wrestlers and have a valid USA Card.

**Check-in:** 2:00-3:00 pm. Wrestling starts approx. 4:15 pm. Nail, skin and random weight check in locker room before the meet.

**Format:** Age groups: 6 and under, 7-8, 9-10, 11-12, 13-14. All brackets will be 4-man round robins . Periods are 1-1-1 for all age groups.

**Awards:** All wrestlers will receive medals. Winners receive a bracket wall board.

**Admissions:** Kids \$2, Adults \$5, Family \$8.

**Concessions:** Concessions will be available all night. Monster mayhem t-shirts available for sale.

**Information:** Ken Meadows cell # (618) 534-4374

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**Consent Form: Murphy Mayhem Beginners' Bash**

email to [ken.meadows@frontier.com](mailto:ken.meadows@frontier.com)  
[or text to 618 534-4374](tel:6185344374)

Please fill out completely.

Name \_\_\_\_\_ USA card # \_\_\_\_\_ Age \_\_\_\_\_

Club \_\_\_\_\_ Weight \_\_\_\_\_ Record: W \_\_\_\_\_ L \_\_\_\_\_

In consideration of your acceptance of this entry, I, Intending to be legally bound hereby, or myself, my heirs, executors and administrators waive and Release the Murphysboro Middle School Wrestling, their agents, representatives, committees, and members from any and all claims or rights to damage for injuries or losses suffered by me directly in training, or in traveling to or from, or competing in, or attending the Murphy Beginners Tournament. Anyone falsifying information will be eliminated from competition.

Parent/Guardian Signature \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail to [ken.meadows@frontier.com](mailto:ken.meadows@frontier.com) or text to 618534-4374 Weigh-in Deadline 9:30 pm Wednesday, Dec 11th.  
Please fill in records completely for seeding brackets.

Team Name: \_\_\_\_\_

WRESTLER'S NAME	WEIGHT	AGE	RECORD	CARD#
1) _____	_____	_____	_____ - _____	_____
2) _____	_____	_____	_____ - _____	_____
3) _____	_____	_____	_____ - _____	_____
4) _____	_____	_____	_____ - _____	_____
5) _____	_____	_____	_____ - _____	_____
6) _____	_____	_____	_____ - _____	_____
7) _____	_____	_____	_____ - _____	_____
8) _____	_____	_____	_____ - _____	_____
9) _____	_____	_____	_____ - _____	_____
10) _____	_____	_____	_____ - _____	_____
11) _____	_____	_____	_____ - _____	_____
12) _____	_____	_____	_____ - _____	_____
13) _____	_____	_____	_____ - _____	_____
14) _____	_____	_____	_____ - _____	_____
15) _____	_____	_____	_____ - _____	_____
16) _____	_____	_____	_____ - _____	_____
17) _____	_____	_____	_____ - _____	_____
18) _____	_____	_____	_____ - _____	_____
19) _____	_____	_____	_____ - _____	_____
20) _____	_____	_____	_____ - _____	_____
21) _____	_____	_____	_____ - _____	_____
22) _____	_____	_____	_____ - _____	_____
23) _____	_____	_____	_____ - _____	_____
24) _____	_____	_____	_____ - _____	_____
25) _____	_____	_____	_____ - _____	_____

COACH'S SIGNATURE \_\_\_\_\_ AGES & WEIGHTS ARE VALID.