

21 teams only—\$50.00 per
Wrestler or \$500.00 per Team, Up to 18
wrestlers, additional wrestlers are \$40.00
each.

Paonia Wrestling will be hosting the First Annual
Paonia Summer Duals June 12-13, 2010. Reserved for
the First 21 teams. 12 to 15 duals in two days for
less than \$50.00 per wrestler (with 10 or more wres-
tlers). The 14 standard weights with two pound
growth allowance plus Four Extra weights added for
the little guys. (80, 85, 90, 95). Teams should be
composed of incoming 7 to 12 grade students.

Location: Paonia High School.

Accommodations: Teams must provide for their own
accommodations. There are Hotels in Paonia, Hotchkiss, Crawford
and Delta. Teams are welcome to sleep in the Gym, Tent camp-
ing on Paonia Football field and school lawns. Locker rooms
will remain open for bathroom facilities..

Meals: Wrestlers/teams are responsible for their own meals.
BBQ's are welcome.

Date: June 12-13, 2010

Time: Weigh in 7:00 pm June 11 or
7:00 am June 12

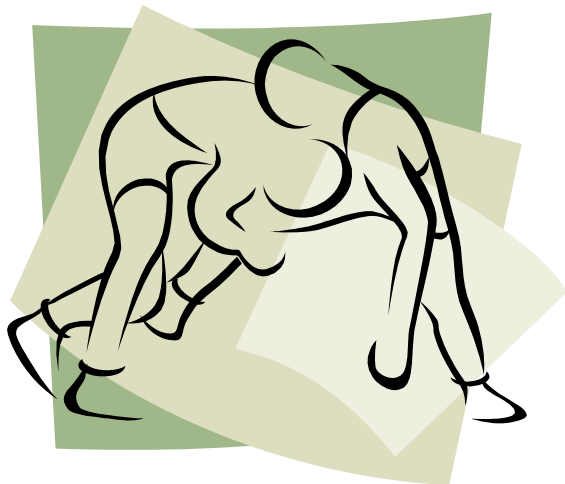
Paonia Summer Duals

Contact Andy Pipher: 970-234-6223

Mark Milner: 970-234-4540

BEST DEAL IN THE COUNTRY

2 Days—up to 12 Duals.




**PAONIA SUMMER
DUALS**

Call Andy Pipher at (970)234-6223 to inquire about availability.
\$250.00 deposit will reserve your team spot.
E-mail this form to apipher@mac.com
Or Fax to Mark Milner at (775)242-1362, to confirm fax call Mark

High School Team

Name _____
Coaches Cell No. (____) _____

Please make Checks Payable to: **Paonia Wrestling**

Coaches: Bring a signed release form with you for each wrestler. **Do not fax or email release forms. Forms will be collected at weigh-ins.**

I approve of my students attendance at the Paonia Summer Duals and certify that he is in good health, able to perform any and all wrestling activities. If medical attention is required for illness or injury while attending Paonia Wrestling Team Camp, I hereby give my permission for emergency care. I also hereby release Paonia High Wrestling, Coaches, Wrestling Staff, and Paonia High School of any and all liability.

Student Name

Parent/Guardian Signature

Participant's Health Insurance