



**SPONSORED BY:**  
**WILLIAMS TRAINING ACADEMY**

**TOURNAMENT DIRECTOR:**

Joe Williams

Contact by phone: (815) 978-7836

or by email

joe@williamstrainingacademy.com



**“May the odds always be in your favor”**

**ARENA FORMAT:**

3-4 Round Robin battles, each wrestler will have 2-3 battle challenges.

**WEIGH-INS**

Sat., Dec. 20th 5:00pm - 6:00pm or Sun., Dec. 21st 6:00am - 7:00am

**AWARDS:**

1st Place Trophy & 2nd - 4th Medals & outstanding tribute awards for each district.

**DISTRICTS (grades):**

PreK District, K District, 1st District, 2nd District

**ADMISSION:**

Adults: \$8.00 Children: \$3.00

**ENTRY FEE:**

The early preregistration cost is \$20 per athlete if postmark by Friday, December 12th, 2025. The late registration / walk-in cost is \$35.

**TEAM COMPETITION**

This tournament offers monetary prize for 1st, 2nd, & 3rd place teams. The teams consist of 5 athletes per team. The team entry fee is \$50 per team.

**PRIZE MONEY:**

**REGISTRATION:**

Complete registration online [www.williamschampionshipseries.com](http://www.williamschampionshipseries.com) or download & email form to [info@williamschampionseries.com](mailto:info@williamschampionseries.com). For questions call 815-978-7636

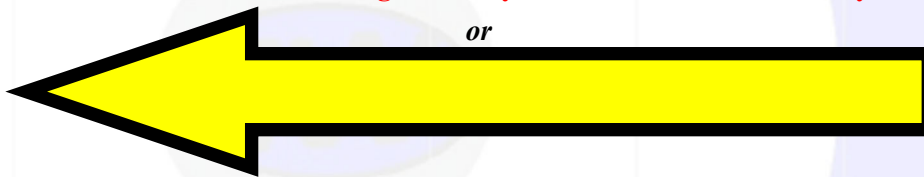
**PAYMENT OPTIONS:**

Mail check to: **Williams Training Academy P.O. Box 851 North Liberty, IA 52317**

**or**



**or**



The athlete below has my permission to compete in the PeeWee Hunger Games Wrestling Tournament. I hereby accept full responsibility for his/her behavior and for his/her participation. I waive all claims for damage, loss, or injury. I understand that Riverside Community HS, Williams Training Academy, cannot be held responsible for lost items or liable for accidents. All wrestlers should have AAU Card or USA card and are responsible for their own insurance.

**Cut & Mail**

**(PLEASE PRINT LEGIBLY & COMPLETE ALL INFORMATION)**

|  |                                   |                  |                  |              |                      |                           |
|--|-----------------------------------|------------------|------------------|--------------|----------------------|---------------------------|
| Wrestler Name _____                              | Birth date _____                  | Grade _____      | Age _____        | Record _____ | Weight _____         | # of year wrestling _____ |
| School Enrolled In _____                         | Head Coach Name & Club Name _____ |                  |                  |              | Contact Number _____ |                           |
| Wrestlers Address _____                          | City _____                        | State _____      | Zip _____        |              |                      |                           |
| Parent name & email (please print legibly) _____ | Cell Phone _____                  | Work Phone _____ | Home Phone _____ |              |                      |                           |
| Signature of parent or guardian: _____           |                                   |                  | Date _____       |              |                      |                           |