

# DEPOSIT DOUG LOBDELL YOUTH TOURNAMENT

DATE: January 14, 2017

PLACE: Deposit Elementary School  
171 Second St  
Deposit NY 13754

TIME: Check in: 7:00 – 8:00 am Wrestling starts at 9:00 A.M

REGISTRATION: Pre-register only. Must receive form in the mail by Wednesday January 11, 2017

Make checks payable to: Deposit youth wrestling

Mail form and fee to: Deposit Youth Wrestling Club

PO Box 54

Deposit NY 13754

**NO ENTRIES ACCEPTED AFTER WEDNESDAY 1/11/17**

WEIGH-INS: Honor Weigh In

Random weight checks will be done by tournament committee. One wrestler per team.

ENTRY FEE: \$ 20.00 PER WRESTLER

ADMISSION: \$3.00 ADULTS, \$1.00 CHILDREN, UNDER 5 FREE

RULES: 4-6 Man Round Robin

NYS High School Modified, Bout Time 1 min. – 1 min. – 1 min.

NO JV OR VARSITY EXPERIENCE

Criteria for 1<sup>st</sup> through 6<sup>th</sup> place: 1. Won/loss record 2. Head to head winner 3. # Of pins 4. Total points.

DIVISIONS: 6 & UNDER, 7 & 8, 9 & 10, 11 & 12, 13 & 14.

Note: Tournament committee has the right to combine or eliminate weight classes.

Madison style weight groupings in a six man bracket (Maximum 10% difference)

Weight may be challenged in the 1<sup>st</sup> round only. Both Wrestlers must weigh in & must be within 2 pounds of weight listed on form and they will be disqualified, no refunds. \$25.00 to challenge.

AWARDS: 1<sup>ST</sup> PLACE – 3<sup>RD</sup> PLACE – TROPHIES

4<sup>TH</sup> – 6<sup>TH</sup> PLACE – MEDALS

Team trophies 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>

\*\*\*\*GENE MILLS QUALIFIER\*\*\*\*\*

CONCESSIONS: Food and Beverage will be available all day.

TOURN INFO: Emily Wright 607-768-2079 email: ewright@bwrehab.com

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NAME \_\_\_\_\_ DIVISION \_\_\_\_\_ ACTUAL WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL/CLUB \_\_\_\_\_

LAST YEARS RECORD W \_\_\_\_\_ L \_\_\_\_\_ YEARS WRESTLED \_\_\_\_\_

I hereby assume full responsibility for my child/ children in case of injury and loss of personal belongings while traveling to and from, and/ or participating in the Deposit Doug Lobdell Youth tournament. I will not hold Deposit Central School District, coaches and staff responsible for liability.

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_