

CHENANGO FORKS BLUE DEVIL YOUTH TOURNAMENT  
NY Top 100 tournament

**DATE:** January 20th, 2019  
**PLACE:** Chenango Forks High School  
1 Gordon Dr.  
Binghamton, NY 13901  
**TIME:** Wrestling starts at 9:00 A.M.  
Check-in between 7:00 – 8:00 A.M.  
**REGISTRATION:** **Pre-register only (NO WALK-INS)**  
**WE ARE ACCEPTING REGISTRATIONS BY EMAIL TILL 1/18/19**  
**MUST BE POST MARKED BY 1/15/19**  
Limited to 250 wrestlers  
Make checks payable to Chenango Forks Wrestling Club  
Mail form and fee to: Jim Arnold  
12 Auburn St.  
Norwich, NY 13815  
**WEIGH-INS:** Honor Weigh-in EXCEPT NY TOP 100 WRESTLERS WILL WEIGH-IN  
Random weight checks will be done by Tournament Committee. One wrestler per team.  
**ENTRY FEE:** \$25.00 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  
**DIVISIONS:** 6 & under, 7 & 8, 9 & 10, 11 & 12  
Weight classes will be made up of 4 to 6 wrestlers by their actual weights and last years records. Proof of age will be required if contested.  
Note: Tournament Committee has the right to combine or eliminate weight classes  
**AWARDS:** Medals for all wrestlers  
**CONCESSIONS:** Food and beverage will be available all day.  
**TOURN. INFO:** Jim Arnold 607-427-1993, Email: [cfyouthwrestling@gmail.com](mailto:cfyouthwrestling@gmail.com)

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ENTRY FORM (please print)

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

ADDRESS \_\_\_\_\_

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

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

COMPETING IN TOP 100 YES NO EXP. LEVEL Novice Amateur Stud Hammer

I hereby assume full responsibility for my child/children in case of any injury and loss of personal belongings while traveling to and from, and/or participating in the Chenango Forks Youth Wrestling Tournament. I will not hold the Chenango Forks School District, Chenango Forks Wrestling Club, coaches, and staff responsible for any liability.

PARENT/GAURDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_