



# BOBCATS BATTLE FOR THE BELT

## NAC 32<sup>nd</sup> ANNUAL MAT CAT WRESTLING TOURNAMENT

**SATURDAY, MARCH 24, 2018-LIMIT OF 300 WRESTLERS (\*Pre-registration required)**

**\*\*\*GENE MILLS QUALIFYING TOURNAMENT\*\*\***

Location: NAC Middle - High School, 5572 Rt. 11 Ellenburg, N.Y.

\*Pre-Registration: Pre-registration is required. Entry forms and payment MUST be received by March 16<sup>th</sup>. No Walk Ins-No Refunds. Wall Charts will be completed Friday.

Please make checks payable to: NAC WRESTLING BOOSTER CLUB

Mail Payment and Registration to: Northern Adirondack Central School  
MUST BE RECEIVED BY 3/12/18 P.O. Box 164

Ellenburg Depot, NY 12935

**ATTENTION: Sandy Trombley/Wrestling Booster Club**

Type of Tournament: 6 Man Round Robin (Split Session). We reserve the right to combine weight classes up to 12%.

Entry Fee: Wrestlers \$25.00

Admission Fee: Adults-2.00 Students-1.00

Divisions: D1 (6&under), D2 (7&8), D 3 (9&10), D 4 (11&12), \*D5 (13&14) Proof of age required

Weigh-ins: 7:00am-8:30am for D1, D2 & \*D5

11:00am-12:00pm for D3 & D4

All wrestler's weights will be checked. Any wrestler exceeding his/her weight will be disqualified from the tournament. No Refunds will be issued.

Awards: Championship Belt for First, Medals for 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Place

TEAM TROPHIES: Large team trophies for 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> No more than 10 wrestlers per team and no combining of schools or clubs to create a team.

Food: The cafeteria will be open all day for refreshments.

Contact Information: Clarence LaBarge 518-420-5962

Adam Trombley 518-593-0547

**\*\*\*REGISTRATION FORM IS LOCATED ON THE BACK OF THIS PAGE\*\*\***



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Please make checks payable to NAC Wrestling Booster Club

Mail payment and registration to: Northern Adirondack Central School  
P.O. Box 164  
Ellenburg Depot, NY 12934  
**ATTENTION: Sandy Trombley/Wrestling Booster Club**

PLEASE PRINT CLEARLY

WRESTLERS NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

DIVISION \_\_\_\_\_

WEIGHT: \_\_\_\_\_

(All wrestler's weights will be checked. Any wrestler exceeding his/her weight will be disqualified from the tournament and no refunds will be issued)

SCHOOL: \_\_\_\_\_

RECORD: \_\_\_\_\_ WINS \_\_\_\_\_ LOSSES

I hereby for my child and myself, waive and release any and all rights and claims for damages or injuries against the NAC Wrestling Booster Club, Referees, Northern Adirondack Central School District, its agents, representatives and assignees for any and all injuries suffered by my child or myself at said tournament at Northern Adirondack Central School on March 17, 2018. I also understand that wrestling is a contact sport and injuries may result from participation in wrestling.

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_