

7th Annual Susquehanna Community Youth Wrestling Tournament

Date: February 25th 2018

Place: Susquehanna Community High School 3192 Turnpike Street Susquehanna, Pa, 18847

Time: Check-Ins 7am-8am WRESTLING STARTS AT 9:00am

Entry Fee: \$25.00 (Limited to the first 200 wrestlers) **PAY AT THE DOOR (PLEASE DO NOT SENT MONEY IN THE MAIL)**

Entry Deadline: Postmarked by Feb 21, 2018 or Email no later than Feb 23, 2018 **(WALK INS WILL NOT BE ACCEPTED)**

Mail Entries: Troy Maby 90 North Main Street Susquehanna, PA 18847 **Or Email:** troy4maby5@gmail.com

Any Questions Contact: Troy Maby @ troy4maby5@gmail.com

Age Divisions: 6 & under – 7/8 – 9/10 – 11/12

Weight Classes: Each weight class is made up of 4-6 wrestlers whose actual weights are closest to each other taking into account year's experience. Wrestler's weight may be challenged prior to the ending of the first round of wrestling for a fee of 20\$. Both wrestlers must weigh in. If you win the challenge you will get your money back and the wrestler will be disqualified without refund (if they are over). Wrestler must be within 2 pounds of listed weight. No refunds if challenge failed.

Rules: *PIAA 1-1-1(minutes)

*Tournament Director reserves the right to eliminate or combine any group where they deem appropriate.

*Wrestlers may only compete in one division

*Singlet's preferred (no loose clothing)

*Criteria for winner placement: 1-win/loss record 2-head to head winner 3-# of pins 4- total points 5- total takedowns

Awards: 1st -2nd-3RD

Admission: Adults \$4.00 Students: \$2.00 5-under: free Coaches must pay

CONSESSIONS WILL BE AVAILABLE THROUGHOUT THE DAY

Any Questions Contact: Troy Maby (570)396-2076

I certify that the information below is correct and the participant is covered by either school insurance or family health plan. I hereby release any and all rights and claims for damage I may have against the Susquehanna Youth Wrestling Club, Susquehanna Community School District, employees, tournament officials, coaches, referees, and any sponsoring bodies from any liability or injury or loss suffered by me or my wrestler directly or indirectly as a result of this tournament.

NAME: _____ **ADDRESS:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **SCHOOL/CLUB:** _____

DIVISION: _____ **AGE:** _____ **DOB:** _____ **ACTUAL WEIGHT:** _____ **YRS EXP:** _____

SIGNATURE: _____