

2nd Annual Hawkeye Elementary Wrestling Classic
6 Man Round Robin

Date: November 20, 2010

**Time: Check in at 8:00am, with wrestling starting at 9:00am.
(Wrestler's late to mat side will forfeit missed matches)**

**Place: Hanover Area Jr. Sr. High School
1600 San Souci Parkway
Hanover Twp. PA**

Directions:

From Route 81.....

Take 81 North or South to Exit # 164 (Nanticoke). Proceed to Exit #2 (Wilkes-Barre/Alden). Turn right at the Stop sign and travel approximately 1/2 mile to the blinking light. Turn left at the blinking light and travel approximately 1/3 mile to the school located on the left.

Registration: Mail-In Entry must be received by Nov. 15th. You may call and Pre-reg & pay at door. Call 817-4096. No Walk-Ins will be accepted the day of the tournament.

Entry Fee: \$18.00 Payable to Hanover Area Wrestling Club

**Mail To: Hanover Area Wrestling
C/o Brian Metric
273 Lee Park Ave.
Hanover Twp. Pa 18706**

Telephone: 570-817-4096

E-mail: bmetric@behrpaint.com

Rules: Round-Robin Tournament each wrestler will wrestle all wrestlers in their Weight bracket. Hopefully each wrestler will get 3 to 5 bouts. Honor weigh in. We will be having random weight checks. Please make sure that all weights are actual weights and not a guess. Weight classes will be divided into groups according to their weights. Singlets are recommended, head gear optional.

Bouts: Will be 3 one minute periods.

Divisions: Pee-Wee (5&6), Ban-tam (7&8), Midget (9&10), Jr. (11&12)

Awards: Trophies for 1st & 2nd, and medals for 3, 4, 5 and 6.

Admission: \$3.00 for adults (and coaches) and \$1.00 for children (under 6 free)

Food & beverages will be sold all day.

APPLICATION

WRESTLERS NAME _____

WRESTLERS DOB _____ WRESTLERS WEIGHT _____

WRESTLERS AGE DATE OF TOURNAMENT _____

TEAM _____

2009 RECORD _____ wins _____ losses _____


Please enter me in the above wrestling tournament, I hereby release and forever discharge the Hanover Area Wrestling Club, its board members and officers, officials of this tournament and everyone connected with this tournament from any and all claims, liabilities or rights to damages fro any injuries or losses suffered by myself (or my child) in training or partaking in or traveling to or from this tournament.

Print name of parent _____

Signature of parent _____ Date _____

Wrestlers Name _____

Pennsylvania Youth
Wrestling

 Digitally signed by Pennsylvania Youth Wrestling
DN: cn=Pennsylvania Youth Wrestling, o=PYW, ou,
email=pywrestlingmark@yahoo.com, c=US
Date: 2010.09.27 22:19:37 -04'00'

If interested please call to pre-reg and pay at the door. Call 817-4096.