

# 4th. Annual Bob Allen Memorial

## 6-man Round Robin Christmas Tournament

Gene Mills Eastern Nationals Qualifier

**Date & Time & Location:** Sunday December 18, 2005 9:00 AM @ Campbell-Savona High School

**Entry Fee:** \$16.00 checks payable to "CSWC", must accompany application, club checks must accompany team registrations. Mail entries to: Kevin Rosko, 5137 Town Rte. 4, Campbell, NY 14821. Registration deadline is 5:00 PM Tuesday December 13, 2005. No phone-ins or walk-ins. Clubs faxing (607-527-3508) their roster required to pay \$20.00 per entry including no-shows on day of tournament.

**Admissions:** \$3.00 for adults, \$2.00 for senior citizens (65+), \$1.00 for students, kids not in school yet free.

**Age& Weight:** 6&U, 7-8, 9-10, 11-12, 13-15(JV/Var. experience OK). 6-man brackets as much as possible with weight within 5 lbs. or 10%. If 6 in a bracket each wrestler will wrestle 5 matches. Wrestlers may compete in only one weight grouping and one age division.

**Weigh-Ins:** Honor System. Weigh-in at home school and mark down below before sending in registration.

**Awards: *New and updated.*** Trophies 1<sup>st</sup>-6<sup>th</sup>., team trophies 1<sup>st</sup>-4<sup>th</sup>., team sportsmanship award. 10 man rosters submitted prior to 9:00 AM on the 18<sup>th</sup>, if you wish to compete for a team trophy. All awards generously donated by the **Campbell American Legion**.

**Food:** A concession stand will be available all day. No food, Gatorade, soda, or coolers allowed inside the gymnasium.

**Officials:** New York State and National Federation certified officials will be used.

**Bout length:** 1-1-1 for 11-12 and under, 2-1-1 for 13-15. Overtime of 1 minute, then 30 second ride-out if needed.

**Determination of final individual places:** #1 – final record, #2 – head to head, #3 – total number of pins.

**Team reward determination:** 10 pts. for first, 8 pts. for second, 6 pts. for third, 4pts. for fourth place finishes.

**For more info:** call Paul Janes @ 607-527-4617, Jim Overhiser @ 607-583-2812, Kevin Rosko @ 607-527-4429.

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Wrestlers name: \_\_\_\_\_ Club: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Yrs. Exp.: \_\_\_\_\_ 2004-2005 record: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

In consideration of your acceptance of the entries listed above, and having full knowledge that injuries are a part of participation in sports, I hereby release Campbell-Savona Central Schools, the Campbell-Savona Youth Wrestling Club, Campbell American Legion, and all of the officials, coaches, and administrators of aforementioned organizations from any claims, liabilities, or rights to damage for any injuries or losses suffered by me directly or indirectly in traveling to or from the Bob Allen Tournament, or as a result of spectating or participation in the Bob Allen Memorial Tournament.

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

**Note:** Hotel accommodations at Hampton Inn (607) 936-3344 for \$55.00 if you mention the tournament. Call Jim Overhiser (607-583-2812) for families willing to take in house guests. Some families here will accommodate wrestlers overnight...