

2009 Streetsboro Invitational TEAM TOURNAMENT/16 man bracket

DATE: SATURDAY JANUARY 17 Th. Coaches meeting at 9:00 AM. Wrestling will start at 10:00 AM.

LOCATION: Streetsboro High School, 1900 Anna Lane, Streetsboro, Ohio, 44241

FORMAT: 16-man double-elimination tournament. Each team enters one wrestler per weight class.

WEIGHT CLASSES: 49, 52, 56, 60, 64, 67, 70, 73, 76, 79, 82, 86, 90, 95, 102, 110, 120, 130, 145, 160, 180 max. (21 classes).

ENTRY FEE: \$250 per team.

Or \$15.00 per wrestler. Make checks payable to Streetsboro Youth Wrestling.

Admission: \$ 3.00 Adults \$ 1.00 Students \$ 7.00 Entire Family

AWARDS: Trophies awarded to top 4 places in each weight class. Individual champion will receive "CHAMP" T- Shirt. Team score will be kept and the top three teams will receive deluxe team trophies. Plaque for "MVP". Trophy for "FASTEST PIN".

WEIGH-INS: Head coach will Email copy of OYWA weight card by noon on Wednesday, Jan 14th. If any other info is needed a coach will contact you.

HOW TO ENTER: Mike Formick (330-606-8524) or Email (Mformick@neo.rr.com).
The first 16 per weight class to submit entry fee will be accepted.

WRESTLERS NAME: _____ CLUB/TEAM: _____ DIVISION: _____ ACTUAL WEIGHT: _____
(To be filled in at Weigh-Ins)

ADDRESS: _____ PHONE #: _____
Street City State Zip Code

DATE OF BIRTH: _____ AGE as of Jan. 17, 2009: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

I hereby give permission for my child to participate in the Streetsboro Invitational Team Tournament. It is understood that neither the Streetsboro Board of Education and the Streetsboro Recreation Department nor any of their agents, employees or tournament personnel are liable for any such injury, which my child incurs. I accept full liability of any damage, which may be caused by my child.

Signature of Wrestler: _____ Signature of Parent/Guardian: _____ Date: _____

Copy of Entry Form provided by www.OhioWrestler.com with permission of Streetsboro Youth Wrestling per Scott Templeton

