SHARPSVILLE WRESTLING CLUBS 1st ANNUAL
JR. NOVICE WRESTLING TOURNAMENT

PRE-REGISTRATION ONLY NO WALK INS LIMIT 450 WRESTLERS

LOCATION: Sharpsville Area High School, 4th St. & Blue Devil Way Sharpsville, PA.

DATE: Saturday, Jan. 17, 2010 wrestling starts at 9:00 A.M.

RULES: This tournament is designed for beginner wrestlers providing them with match experience. Each wrestler will be given a bout sheet that will stay with them throughout the day. Winning wrestlers will be given 5 points while the losing wrestler will be awarded 3 points. Once a wrestler has been awarded 12 points they will receive there award.

AWARDS: Wrestlers will receive an award

WEIGH INS: EACH SCHOOL OR CLUB WILL BE RESPONSIBLE FOR WEIGHING IN THEIR WRESTLERS THE PRIOR EVENING AND MARKING THE LEFT ARM WITH AGE AND EXACT WEIGHT. (NOT A WEIGHT CLASS).
COLOR CODING: 6 & U RED, 7 & 8 BLUE, 9 & 10 GREEN, 11 & 12 BLACK

WEIGH-INS FOR WALK-INS FROM 7:00 AM TO 8:00 AM

Mail to: **Philip BuCher 944 Coleman Ave. Sharpsville, PA. 16150**.
Your registration form and fee must be received by ***Saturday. Jan, 9th 2010.***

FEES: $15.00 must be paid with registration form.

AGE ELIGIBILITY: 12 and under (age effective the date of the tournament) First and second year wrestlers ONLY.

MATCH TIMES: All matches will be 1 -1 -1

OVERTIME: No break / One (1) minute with both wrestlers in the neutral position the winner is the first wrestler to score a point. No points - flip red/green choice for top or bottom 30 second period. No point's offensive (top) wrestler is winner.

ADMISSION: Adults - $3.00 Students - $1.00 -K - 12th grade

CAFETERIA: OPEN AT **8:00** a.m. **WRESTLING STARTS AT 9:00 a.m.**

Information or entry forms call: Philip BuCher 724-962-1774 or 724-815-3321
Any change request to an existing entry form must be e-mail to philipbucher@yahoo.com no phone calls will be accepted

THIS FORM MAY BE DUPLICATED

PRINT **ENTRY FORM** **PRINT**
MAKE CHECKS PAYABLE TO: Sharpsville Jr. Wrestling Club

NAME_____**PHONE(_____)**_____

ADDRESS_____**SCHOOL**_____

WEIGHT_____**AGE**_____ **DATE OF BIRTH**_____**COACH**_____

In consideration of your acceptance of this entry, I, intending to be legally bound hereby for myself, my heirs and assigns, waive any and all claims to damages which I have against any of the sponsoring organizations, Sharpsville Area School District, and anyone involved in this tournament.

_____ _____ _____
WRESTLER **PARENT OR GUARDIAN** **DATE**
MUST BE SIGNED

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