



4th Annual Newfane Panthers Youth Wrestling Tournament

February 23, 2014 (Limit 300 Wrestlers, Pre-Registration Only)

Location: Newfane Middle School 6175 East Avenue, Newfane, NY 14108 *(Please use the bus circle entrance)*

Entry Fees: \$20.00 per entry. (PRE-REGISTRATION ONLY) **THIS IS A NYWAY SECTION SIX SANCTIONED EVENT.** NYWAY cards required. Not available at tournament. *(NYWAY cards available at nyway.org)*

Divisions: (Based on Year of Birth)

- Division I:** Born 2007 / 2008
- Division II:** Born 2005 / 2006
- Division III:** Born 2003 / 2004
- Division IV:** Born 2001 / 2002
- Division V:** Born 1999 / 2000

CHAMPION T-SHIRT and Trophy awarded to 1st, FINAILIST T-SHIRT for 2nd and Medals will be given to 3rd 4th and 5th place in each weight class in each division. Team trophies will be awarded to the top three teams.

Admission: Adults \$2.00 Students \$1.00 under 5 FREE

Format: Five man brackets will wrestle round robin. We reserve the right to combine weights to make full brackets if needed.

Weigh-Ins: Weigh-ins will be done to confirm wrestler's weights **day of**

tournament 7:00am to 8:15 am and Sat 22nd 12-2 pm. Wrestlers must be within 1.5 lb of registered weight. Any wrestler 1.5lb. above the registered weight will be eliminated, with no refund. Newfane tournament officials reserve the right to combine weight brackets to get the best possible groups within 5 lbs. or up to 10%, at their sole discretion. **Check in and Weigh-ins 7:00 am to 8:15 am.**

This is a NY TOP 100 tournament. Those participating in ranking must make weight (no allowance). Those who do not will be reported to NY 100 officials.



Deadline: All entries must be received by **Friday Feb. 21st, 2013.**

Mail to: Newfane Youth Wrestling Club
c/o Matt Lingle
6284 Charlotteville Road
Newfane, New York 14108

Contact Names/Numbers:
Matt Lingle: 716-523-7490
Email: lingle.matt@gmail.com

**CONCESSIONS
AVAILABLE ALL DAY**
~ **BASKET RAFFLE** ~

Wrestler's Name: _____ **Club:** _____ **Weight:** _____

Phone: _____ **Division:** _____ **Date of Birth:** _____ **NYWAY #:** _____

Would like to participate in NY Top 100 rankings Y / N

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Newfane Central School District, Newfane Youth Wrestling Club, coaches, officials, its agent representatives, successors, or anyone affiliated with this tournament for any accidents, injuries, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ **Date:** _____