

# 2014 Salt City Fall Wrestling Classic

The Salt City Fall Wrestling Classic is a double-elimination, pre-season tournament to be hosted on **16-20 full size mats**. All age divisions and weights will compete on full size mats. All officials will be NYS certified, and modified NYS high school rules will be used.

**Date:** Saturday October 11, 2014. Wrestling will begin at 9 AM sharp.

**Weigh ins:** Friday, October 10, 2014 3:00 PM – 8:00 PM

**Location:** SRC Arena, 4585 W Seneca Turnpike, Syracuse, NY 13215 (Campus of Onondaga Community College)

**Registration:** \$35, no insurance card required. All registrations must be completed by Sunday October 5<sup>th</sup>, 2014. **NO EXCEPTIONS.** Registrations may be completed online at saltcitywrestling.com, or by mailing a check. **No walk-ins.** **Strict limit of 1,500 wrestlers. Register early!**

**Admission:** Adults - \$5. Students/children – free.

**Length of Bouts:** All bouts will be 1-1-1, except for Varsity which will be 1:30-1:30-1:30.

**Age and weight divisions:** Weight changes may be made up to one week before the tournament. **NO WEIGHT CHANGES WILL BE PERMITTED AT WEIGH-INS.** Competitors should bring a copy of their birth certificate in the event that their age is challenged (person issuing challenge **MUST** also have a copy of their birth certificate).

Division	Birth Year	Weight Classes
Bantam	2007 & up	40,45,50,55,60,65,72,80,95
Midget	2005-2006	50,54,58,62,66,70,75,80,85,90,95,105,115,130
Junior	2003-2004	56,60,64,68,72,76,80,85,90,95,105,120,140,160
Cadet	2000-2002	68,72,76,80,84,88,95,100,105,110,115,120,126,133,140,155,170,185,205,220
Varsity	1996-1999	99,109,116,123,129,135,141,148,155,163,173,185,200,220,285

**Awards:** Awards for the top 4 place finishers. Champions will also receive free entry to the 2015 Salt City Fall Wrestling Classic.

**Information:** Contact Kevin Cook: (315) 430-8289, or e-mail [info@saltcitywrestling.com](mailto:info@saltcitywrestling.com). If you are registering through the mail, make checks payable to Salt City Wrestling Club and mail to: 913 2<sup>nd</sup> Street, Liverpool, NY 13088

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age & Weight Division: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
School/Club Name: \_\_\_\_\_

I hereby release the Salt City Wrestling Club, Onondaga Community College, and all staff affiliated with the Salt City Fall Wrestling Classic of any and all claims, liabilities and/or losses by myself, or my child, or wrestlers under my supervision directly or indirectly in traveling to or from, and/or participating in or attending the Salt City Fall Wrestling Classic.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pre-registration only! Absolutely No Walk-Ins! Registration Closes 10/05/14!**