18th ANNUAL ATHENS LITTLE CATS WRESTLING CLASSIC - 6 MAN ROUND ROBIN

DATE: Sunday, December 13th, 2015 PLACE: Athens High School --- new gymnasium TIME: Wrestling Starts At 9:00 AM **REGISTRATION DEADLINE:** Thursday, December 10th, 2015, 6:00PM. (LIMITED to 400 ENTRIES)

REGISTRATION & ENTRY FEE : \$25.00 - By mail

\$23.00 - Online

Make checks payable to: Athens Wrestling Club Mail entries to : Kevin Rude 220 Washington St. Savre, PA 18840

Tournament questions: Shawn Bradley (607)-857-4726 shawn.bradley@globaltungsten.com

13 & 14 (no JV/Varsity experience)

RULES:

- 1. PIAA modified, Bout Length: 1 minute, 1 minute, 1 minute.
- Round robin group of six guaranteed five matches in group of six. 2.
- Singlets and head gear optional (no loose clothing). 3.
- 4. Overtime (1 minute sudden victory, 30 second ride out)
- No JV or Varsity experience. 5.
- Wrestlers may compete in only one division and weight class. Criteria for 1^{st} , 2^{nd} , and 3^{rd} places: 6.
- 7.
 - 1st criteria: won/loss record
 - 2nd criteria: head-to-head winner
 - 3rd criteria : # of pins
 - 4th criteria: total points
 - 5th criteria: total takedowns

DIVISIONS: 6& Under 7 & 8 9 & 10

AGEAS OF DECEMBER 13, 2015:

Proof of age required if contested and agreed upon by the tournament director.

Each weight class is made up of 4 to 6 wrestlers whose ACTUAL weights are closest to each other, taking into account years experience and last year's record. Coaches must do their own weigh-ins and ACTUAL weight must be put on registration form. Weight brackets will vary no more than 10 pounds, unless heavyweight class in each age group.

11 & 12

NOTE: Tournament director reserves the right to combine or eliminate weight classes.

Individual - Awards for 1st through 6th place. **AWARDS:**

ADMISSION: \$5 - Adults \$3 - Students Free - Pre-School and Senior Citizens

REFRESHMENTS: Concession stand will be available all day.

NAME		DIVISION	ACTUAL WEIGHT		
ADDRESS			EARS EXPERIENCE d accept responsibility for the conduct of the above Vrestling Club, the Athens School District, any liabilities due to participating in the Athens Little		
STATE	ZIP CODE	PHONE #			
AGE:	BIRTH DATE	SCHOOL / CLUB			
LAST YEAR'S RECORD		YE	YEARS EXPERIENCE		
PAST HONOR	S				
I hereby give per	rmission for my child to particip	pate in this wrestling tournament and	accept responsibility for the conduct of the above		
		ficials, and referees from any or all li	iabilities due to participating in the Athens Little		
Cats Wrestling C					
SIGNATURE O	OF WRESTLER:		_ DATE:		
SIGNATUREO	F PARENT OR GUARDIAN	ſ•			