## The 9<sup>th</sup> Annual Boardman Preseason Kickoff Classic

## Sunday, October 11, 2015

This tournament is THE place for Ohio and Pennsylvania wrestlers to get a head-start on the competition! This tournament draws 350-450 wrestlers every year. Last year eight different states were represented. Five full-sized mats will run all day to make sure the tournament is completed as quickly as possible. Wrestling will begin at 10:00 a.m. sharp! A split start will be used, so check below to see what time your division must weigh in by and starts wrestling.

Tournament Location: Boardman High School, 7777 Glenwood Avenue, Boardman, Ohio.

AGE GROUP	WEIGHT CLASSES	WEIGH-IN S	START TIME
5-6	40,45,50,55,60,70,Hwt	7:30-9:00 a.m.	10:00 a.m.
7-8	45,50,55,60,65,70,75,85,Hwt	7:30-9:00 a.m.	10:00 a.m.
9-10	55,60,65,70,75,80,86,93,100,115,Hwt	7:30-9:00 a.m.	10:00 a.m.
11-12	65,70,75,80,85,92,100,110,120,130,140,Hwt	7:30-9:00 a.m.	10:00 a.m.
13-14	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt	7:30-1:00 p.m.	2:00 p.m.
15-19 (no grads!)	106,113,120,126,132,138,145,152,160,170,182,195,220,285	7:30-1:00 p.m.	2:00 p.m.
Masters (19 and up)	133,141,149,157,165,174,184,197,215,285	7:30-1:00 p.m.	2:00 p.m.

**Awards:** 12 and under: Top three place finishers receive deluxe trophies. 13-14 and 15-19 age group. Top Three place finishers receive medals.

Entry Fee: \$20, at the time of weigh-ins. No pre-registrations.

**Rules:** Modified Scholastic Rules will be used for all divisions. All periods start from the neutral position. All re-starts are from the neutral position. Tournament Director reserves the right to combine weight classes upon need. Only Certified Officials will be used.

Concessions: Will be served all day, including a full breakfast.

Contact Information: Dom Mancini: dompam@zoominternet.net

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administers, waive and release the Boardman Wrestling Team, Boardman High School, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

WRESTLER'S NAME (PRINT LEGIBLY)				
ADDRESS	CITY	STATE	ZIP	
EMAIL	CLUB or	SCHOOL		
AGE GROUP	BIRTHDATE			
Age Group Classification: A wrestler's age of	on date of tournament will determine l	his or her age group.		
SIGNATURE OF ATHLETE	DA	TE		
SIGNATURE OF PARENT	D <i>i</i>	ATE		