34th Annual Canisteo Wrestling Club / Steve Barker Memorial Round Robin

| | | Roulla Rob | 111 | | | | |
|--|---|--|--|-----------------------|-------------------------------|-------------|------------------------|
| | ***NY TO | P 100 Tour | name | nt* | ** | | |
| Date: | Sunday, January 18, 2015 | 5 | | | | | |
| | First 400 Entries | | | | | | |
| Location: | Canisteo-Greenwood Elementary School, 114 Greenwood Street, Canisteo, NY 14823 | | | | | | |
| Entry Fee: | \$20.00 Registration Fee (Make checks payable to: Canisteo Wrestling Club or C.W.C) | | | | | | |
| | Money is due at Pre-Registration. No Walkins. Send Registration and checks to: | | | | | | |
| | CWC, Inc., PO Box 51, Canisteo, NY 14823 – Must be received by January 14 th , 2015. | | | | | | |
| Time: | Wrestling Starts at 9 AM sharp Check In: 7:00- 8:00 AM | | | | | | |
| Weigh Ins: Honor weigh ins except for NY Top 100 entries, Sat Jan 17 th 6:00-8:00 | | | | | | | n Jan 18 th |
| J | 6:30- 8:00 AM (Weigh ins for NY Top 100 entries only) | | | | | | |
| Rules: | NYS High School Rules Modified Bout Length (1 min1 min1 min.) for Divisions I-IV | | | | | | |
| | Bout Length for Division V will be (1½ min1½ min.) | | | | | | |
| Divisions: | All ages as of day of the tournament. 1/18/15 | | | | | | |
| | • | III. 9 & 10. IV. 11 | & 12 V | 13 & 1 | 14 | | |
| Coaches must or be disqu | verify weight and experience. If we alified from tournament. Weight mi asses. Wrestlers may wrestle in mon | eight is challenged, wrestler mu ust be challenged before 2 nd rou | st be within 2 poind. Tournament required to regi | ounds of nt Direct | f weight list tor reserves | the right | to combine |
| Awards: | Trophies for 1 st , 2 nd , 3 rd , 4 th and 5 th - CHAMPIONS T-SHIRTS Team Trophies for 1 st , 2 nd , 3 rd and 4 th (Ten wrestlers per team) | | | | | | |
| Food: | Kitchen will be open throughout the day. ** NO FOOD OR DRINK WILL BE ALLOWED IN THE GYM!** | | | | | | |
| Admission: | Adults: \$3.00 Stude | nts: \$2.00 Senior Ci | itizens: Free | е | | | |
| Questions: | Contact: Phil Stewart @ (607-382-1724) or Geoff Havens @ (607-590-1789) Email: CANISTEOWRESTLINGCLUB@HOTMAIL.COM 50 dollar return check fee | | | | | | |
| ****** | * * NO SMOKING | ALLOWED ON SCHO | | | | ***** | ***** |
| Name: | | Birthdate: | Age: | | Evact | Weiaht | |
| 1401110 | | Birtindato | , , , , , , , , , , , , | | | vvolgili | • |
| School / Club: | | | one: | | [| Divisior | າ: |
| | <u>not years wrestled</u>). Cii | | | | | | |
| | .nd 5=Very experienced/\ cord | wins most matches) | 1 | 2 | 3 | 4 | 5 |
| | | | | | | | |
| | compete in the NY Top 1 ompeting weight class(in | _ | ** | • | or unde | er this | |
| County School Dis | your acceptance of my entry, I he tricts, and officials of this tournam directly in training for, traveling to | nent from any claims, liabilities | s of right for da | amage fo | or any inju | ries or los | sses suffered |
| Signature of V | | Date: | | | | | |

Signature of Parent/Guardian: