

Cavalier Wrestling Classic Hosted by: IHC Cavalier Wrestling Club



Ohio Tournament of Champions Qualifier

DATE:	Saturday, January 24, 2015		
_OCATION:	IHC High School Gymnasium, 1316 Ives Street, Watertown, NY 13601		
WEIGH INS:	All Divisions Friday, January 23rd – 6:00 – 8:00 pm, Saturday, January 24th - 7:00 – 8:00 am for Divisions 1 & 2 and 10:30 – 11:30 a.m. for Divisions 3 & 4. <i>Any wrestler exceeding pre-registered weight by more than 1 lb will be disqualified from the tournament and no refunds.</i>		
DIVISIONS: & SCHEDULE	Division 1 (ages 6 and under) Division 2 (ages 7-8) Division 3 (ages 9-10) Division 4 (ages 11-12) Division 5 (ages 13 – 15)	Criteria to Determine * Win/Loss Record * Number of Pins * Coin Toss	Place Finish: * Head to Head Winner * Total Takedowns
	Div. 1 & 2 - Wrestling Begins: 9:00 am & Div. 3, 4 & 5 - Wrestling Begins: Approx. 12:30 pm		
ENTRY FEE:	\$25.00 for all wrestlers. (\$25.00 fee for returned checks)		
REGISTRATION:	Pre-Registration & Payment Required by January 21st - No Walk Ins - No Refunds		
PAYMENT TO:	Make Checks Payable to: IHC Cavalier Wrestling Club		
SEND TO:	Peter Clough, 26773 Lafave Road, Watertown, NY 13601		
AWARDS:	1st Place Champion T-shirt. Large Gold, Silver & Bronze Medals for 1st-3rd. Participation Medals for 4th-6th. Photos will be taken on a Championship Podium for all wrestlers. Team trophies for 1 st , 2 nd & 3rd		
RULES:	N.Y.S Modified, High School – Wrestlers are limited to one Division. * 5 or 6 man Round Robin where possible (Weights can be combined up to 12%) * Bout Length 1, 1, 1. No Varsity or JV Experience Allowed. * All participants must have a current NYWAY membership. Participants are encouraged to visit the NYWAY website www.nyway.org to obtain their membership.		
ADMISSION FEE:	Adults-\$3.00, Students-\$1.00, 5 and under-Free, All Coaches Must Pay		
REFRESHMENTS:	Breakfast, lunch, snacks, and drinks will be available in the cafeteria.		
NFORMATION:	For more information, please contact: Peter Clough – (315) 771-0143 or email: peter_clough_13601@yahoo.com,		
	PLEASE MAIL CHECK AND F	FORM BELOW ONLY	
Name:	Division:	Actual Weight: School	/Club:
Address:		State: Zip Code:	Phone:
Age on 1/24/2015:	DOB: Yrs Wrestled	and 2014 Record	
iabilities, and/or losses b	ate Heart Central and IHC Cavalier Wrestly me directly or indirectly in training for, trace coverage for this wrestler. I will pay for a	veling to or from, and/or participating	g in the Cavalier Wrestling
Parent/Guardian Signature: Date:			