27th Annual COLONIE YOUTH WRESTLING TOURNAMENT

February 21, 2015 FEE: \$25.00

PLEASE MAKE CHECKS PAYABLE TO: COLONIE WRESTLING BOOSTER CLUB

Please bring entry form with you the day of the tournament.

Entry forms will also be available at the tournament.

LOCATION: Colonie High School- 1 Raider Blvd., Albany, NY 12065

Times: Divisions 1, 2, 3 Weigh-ins 7:30-8:30

Seeding 8:30-9:30 Wrestling Starts 9:30

Divisions 4 & 5 Weigh-ins 10:30-11:30

Seeding 11:30-12:30 Wrestling Starts 12:30

Matches: N.Y.S.P.H.S.A.A RULES IN EFFECT. Three (3), one-minute periods. Overtime will be one (1) minute or first points scored. Tie breaker will be :30

Eligibility: Any student who has not wrestled Varsity or JV is eligible. Parents' signature is required on the entry form. Bring proof of age. Wrestler's age division is determined by his or her age at the tournament.

AGE DIVISIONS: I 5 years to 6 years old

II 7 years to 8 years oldIII 9 years to 10 years oldIV 11 years to 12 years old

V 13, 14, & 15 years old (no 10th graders)

Wrestlers will be grouped in round robin formats. Preferably 5 man, if applicable.

Seeding will be based on prior experience and other tournament places.

Awards: 1st-3rd-trophies, 4th-medals. Questions: <u>Jeremy.Eggleston@southcolonie.k12.ny.us</u>

(518) 928-1268

T-Shirt/Wrestling Apparel vendor on sight.

FULL CONCESSION WILL BE AVAILABLE ALL DAY.

OFFICIAL USE ONLY DIVISION			
	WE	WEIGHT	
	POC	DL	
Name:	Age:	Division:	
School District:	Grade:	Coach:	
Address:Street	city	state	zip code
Phone:()Area code + number			
hereby release the South Colonie Schoournament officials, referees from any a conjunction with this tournament. I will	and all claims regarding an i	injury or illness tha	at may be caused
Parent or guardian signature		Date	
Seeding Information: Please provide per	tinent prior wrestling exper		
Parent or guardian signature Seeding Information: Please provide per Most important information first. Years experience:	. 5 .		