

**GOUVERNEUR**  
**SKYLER "PEE WEE" WAY**  
**WRESTLING TOURNAMENT**

**4 MAN ROUND ROBIN 6 and under and 7 &8 awards for all**  
**6 MAN ROUND ROBIN 9&10, 11&12 and 13 &14**  
**PRE-REGISTRATION – NO EXCEPTIONS**

**DATE:** SATURDAY, MARCH 7, 2015

**PLACE:** GOUVERNEUR HIGH SCHOOL 113 E. BARNEY STREET GOUVERNEUR, NY 13642

**CONTACT:** RANDY MORRISON [gouverneurwrestling@hotmail.com](mailto:gouverneurwrestling@hotmail.com) C - 315 323-0988

**ENTRY FEE:** \$20 Fee & NYWAY card (nyway.org)

**FORMAT:** Wrestlers will be bracketed in a 4 or 6-man round robin format using the weight given, the 12% rule will be in effect. Where 4 or 6 wrestlers are not available we will go with as many as possible 5, 4 or 3. You may enter more than one division, no guaranteed rest time. We will attempt to separate Novice and Experienced wrestlers please indicate ability and record at the bottom on the entry form.

**THIS IS A PRE-REISTRATION TOURNAMENT THERE WILL BE NO EXCEPTIONS**  
**ENTRY FORM AND ENTRY FEE MUST BE MAILED**

**Mail registration to Randy Morrison 92 Rowley Street, Gouverneur N.Y.13642**

**ENTRY FORM &ENTRY FEE MUST BE RECEIVED BY Thursday 3/05/15**

Make Checks payable to Friends of Gouverneur Wrestling. All wrestler will be weighed and  
**MUST MAKE WEIGHT ENTERED**

**IF NOT YOU MAYBE ELIMINATED FROM THE TOURNAMENT, NO REFUNDS**

**DIVISIONS:**

<b>D-1</b>	<b>6-UNDER</b>	<b>D-4</b>	<b>11-12</b>
<b>D-2</b>	<b>7-8</b>	<b>D-5</b>	<b>13-14</b>
<b>D-3</b>	<b>9-10</b>		

**AWARDS:** Top 4 place finishers will receive and award.

**TIME:** Weigh-ins between 7:30 & 9:00 am. Wrestling will start by 10:00 am.

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In consideration of this entry form being accepted, I hereby for my son/daughter and myself waive and release any and all rights and claims for damages I have against the Friends of Gouverneur Wrestling or School District, and affiliates for any and all injuries suffered by my son/daughter and myself at said tournament.

**(PLEASE PRINT NEATLY)**

Name \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Ability: Novice or Experienced NYWAY# \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_