



Lauren's Hope Foundation
Presents
**THE 6TH ANNUAL
WRESTLE FOR HOPE TOURNAMENT**



“BENEFITING BRAIN INJURED CHILDREN AND THEIR FAMILIES”

DATE & TIME	LOCATION	WEIGH-INS
Sunday, March 1, 2015 Wrestling begins at 9:00 am All mailed entries must be postmarked by February 23, 2015	Northampton High School 1619 Laubach Avenue Northampton, PA 18067	Saturday, February 28, 2015 9:30-11:30 am (Pen Argyl High School Wrestling Room) 3:00-5:00 pm (Northampton High School Gym)

RULES: Wrestlers may enter only one division.

- PIAA modified rules and PIAA Certified Officials.
- Five mats will be used - Headgear and singlet are optional.
- All Bout times will be 1-1-1 - All overtime will be sudden death.
- Double elimination - Proof of age should be available if challenged.
- Classes with less then four wrestlers may be combined by tournament committee.

DIVISIONS

- Div. I (6 yrs. and under) Wts. 40, 45, 50, 55, 60, 65
- Div. II (8 yrs. and under) Wts. 40, 45, 50, 55, 60, 65, 70, 75, 80
- Div. III (10 yrs. and under) Wts. 50, 55, 60, 65, 70, 75, 80, 85, 90, 100
- Div. IV (12 yrs. and under) Wts. 65, 70, 75, 80, 85, 90, 95, 100, 110, 120
- Jr High (14 yrs. and under) 75, 80, 85, 90, 97, 104, 110, 115, 122, 130, 138, 145, 152, 160, 170

Register & Pay ONLINE at LaurensHopeFoundation.com -> EVENTS -> Wrestle for Hope

Entry Fee: \$25.00 – MUST BE RECEIVED BY FEB. 27, 2015. NO REFUNDS!!

Awards: Trophy will be awarded for 1st place; medals for 2nd and 3rd.

Each wrestler is guaranteed to receive a shirt if registered by Feb. 23, 2015; after that, shirts available while supplies last.

Only the first 350 applications will be accepted. No walk-on's the day of wrestling

Info: Call Tournament Coordinator Ann Flood @ 610-703-2423

Admission: Adults \$5.00 (including coaches), Children \$3.00

Meals: Reasonably priced food will be available in the cafeteria. Absolutely no food or drink in the gym!

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Wrestler Information

Name _____

Age on date of tournament _____ Date of Birth _____

Wt. Class _____ Division _____

School/Team Name _____ Grade _____

Shirt Size Youth ___S ___M ___L
Adult ___S ___M ___L ___XL

Mail This Form to:

Ann Flood
2157 West Del Road
Bath, PA 18014

Make checks payable to:

Lauren's Hope Foundation, Inc.

Parent/Guardian Contact Information

Name _____

Phone _____ email _____

Mailing Address _____

City/State/Zip _____

AS A CONDITION OF MY CHILD'S ENTRY, I HEREBY DECLARE THEY ARE ENTERING AT THEIR OWN RISK AND FREE WILL AND I WILL NOT IN ANY WAY HOLD LIABLE THE TOURNAMENT DIRECTORS, OFFICIALS, NORTHAMPTON AREA SCHOOL DISTRICT, ANY COACHES AND/OR MEMBERS OR DIRECTORS OF LAUREN'S HOPE FOUNDATION, INC. FOR ANY INJURIES OR LOSSES THAT MAY BE RECEIVED DIRECTLY OR INDIRECTLY FROM TRAINING OR TRAVEL TO OR FROM THE TOURNAMENT OR COMPETING THEREIN.

Wrestler Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____