



# 2015 Salt City Fall Wrestling Classic



The Salt City Fall Wrestling Classic is a double-elimination, pre-season tournament to be hosted at the SRC Arena in Syracuse, NY. All age divisions and weights will compete on full size mats. All officials will be NYS certified, and modified NYS high school rules will be used. **\*New This Year\* - Starting at 12 PM there will be an open "challenge mat" available for use all day to anyone who wants extra bouts.**

**Date:** Sunday, November 15<sup>th</sup> 2015. Wrestling will begin at 10 AM.

**Weigh ins:** Saturday, November 14<sup>th</sup> 3:00 PM – 8:00 PM, and Sunday, November 15<sup>th</sup> 7 AM – 8 AM.

**Location:** SRC Arena, 4585 W Seneca Turnpike, Syracuse, NY 13215 (Campus of Onondaga Community College)

**Registration:** \$35, no insurance card required. All registrations must be completed by Sunday November 8<sup>th</sup>, 2015, but we will allow late registrants and day-of registrants for \$40.

**Admission:** Adults - \$5. Students/children – free.

**Length of Bouts:** All bouts will be 1-1-1, except for Elite which will be 2-1-1.

**Age and weight divisions:** Competitors should bring a copy of their birth certificate in the event that their age is challenged (person issuing challenge MUST also have a copy of their birth certificate).

Division	Birth Year	Weight Classes
Bantam	2008 & up	40,45,50,55,60,65,72,80,95
Midget	2006-2007	50,54,58,62,66,70,75,80,85,90,95,105,115,130
Junior	2004-2005	56,60,64,68,72,76,80,85,90,95,105,120,140,160
Cadet	2001-2003	68,72,76,80,84,88,95,100,105,110,115,120,126,133,140,155,170,185,205,220
Elite	1997-2000	99,109,116,123,129,135,141,148,155,163,173,185,200,220,285

**Awards:** Awards for the top 4 place finishers. Champions will also receive free entry to the 2016 Salt City Fall Wrestling Classic.

**Information:** Contact Kevin Cook: (315) 430-8289, or e-mail [info@saltcitywrestling.com](mailto:info@saltcitywrestling.com). If you are registering through the mail, make checks payable to Salt City Wrestling Club and mail to: 7514 Meadow Wood Drive, N. Syracuse, NY 13212

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age & Weight Division: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 School/Club Name: \_\_\_\_\_

I hereby release the Salt City Wrestling Club, Onondaga Community College, and all staff affiliated with the Salt City Fall Wrestling Classic of any and all claims, liabilities and/or losses by myself, or my child, or wrestlers under my supervision directly or indirectly in traveling to or from, and/or participating in or attending the Salt City Fall Wrestling Classic.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_