2nd Annual Seneca Chiefs Novice Tournament
SUNDAY, February 15th 2015

Limited to the First 300 Entries / Headgear is Mandatory
EARLY PRE-REGISTRATION RECOMMENDED

DATE: Sunday, February 15th , 2015
SITE: Cattaraugus Community Center
ELIGIBILITY: 1ST & 2ND year wrestlers **ONLY** (12 yrs. Old & under as of February 15th 2015)
ENTRY FEE: $15.00 per wrestler (must be **received BY** February 9th , 2015)/$20.00 per wrestler at the door
TEAM DISCOUNT: 10 or more wrestlers $12.00 per wrestler **PRE-REGISTRATION ONLY BY February 9th , 2015**

*Registrations must be sent together for Team Discount / **NO PHONE REGISTRATIONS***
NO REFUNDS
ONLY 3 COACHES ADMITTED FREE

ADMISSION: $3.00 Adults – Students $1.00 - Under 5 - Free
WEIGH-INS: 10:00a.m.Until **NOON**
AWARDS: Trophies will be awarded to each wrestler.

WRESTLING WILL BEGIN AT 12:30 SHARP
Concessions will open at 10 a.m. starting with breakfast & remain open.

EXPLANATION OF TOURNAMENT

This is a beginning-wrestling tournament to provide match experience to new wrestlers. Every effort is made to pair the wrestlers to each other's AGE, WEIGHT & EXPERIENCE. Each wrestler will receive a bout sheet that he/she will carry for the day. All wrestlers will wrestle 3 individual matches. If within the first two matches a wrestler gets pinned within 30 seconds, the official will restart the match in the neutral position, (allowing more mat time) and the wrestler who pinned his/her opponent will be awarded the win. When the wrestler has completed his/her 3 matches they will be awarded their trophy. Headgear is mandatory!!!! Skin Checks are mandatory!!!! Nurses have final say!!! Doctor's note must be presented for exception!

Make checks payable to: Cattaraugus Community Center ($25.00 return check fee)
Mail registrations to: Cattaraugus Community Center 12767 Route 438 Irving, NY 14081
Any Questions Contact: Coach Grant Stevens Phone: 716-532-8450; email: Grant.stevens@sni.org

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NAME_____TEAM_____
ADDRESS:_____/_____/_____/_____
STREET CITY ST ZIP
PHONE :(_____) _____ E-MAIL_____

DATE OF BIRTH: _____/_____/_____**AGE:** _____ **WEIGHT:** _____

In consideration of your acceptance of this entry, I hereby release the Seneca Chiefs Kids Wrestling Club, the Cattaraugus Community Center and anyone connected with this tournament from any and all claims or liabilities of rights to damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from, and from participation in the Seneca Chiefs Wrestling Club Tournament.

WRESTLING EXPERIENCE- PLEASE CIRCLE

_____
Parent/Guardian Signature

1ST YEAR / 2ND YEAR

Date: _____/_____/_____

NyYouthWrestling.com
Digitally signed by NyYouthWrestling.com
DN: cn=NyYouthWrestling.com, o=NyYouthWrestling.com, ou=NyYouthWrestling.com, email=webmaster@nyyouthwrestling.com, c=US
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