Thorobred Wrestling Club of CNY

6 MAN RR YOUTH WRESTLING TOURNAMENT

LOCATION: Windsor Central Hig		e 79, Windsor N.Y. 13865			
DATE: Saturday, January 3 rd , 20					
CHECK-IN: Saturday between 7	_	_			
REGISTRATION: \$25.00 PRE-1					
Entry Form with payment. No Er	-	_			
12/31/2014. Allow yourself time for	or Holiday Mail. Wrestle	r's are only allowed to			
enter into one age division. No Wa	alk-Ins & No Refunds. (n	o e-mails after 6 pm 12/31.)			
ADMISSION: Adults \$2.00 - Kid	ds \$1.00 (Coaches and Ki	ds under 5 are free).			
AWARDS: Nice Trophies for 1 st -	4th Place. Medals for 5th	n- 6 th Place. <i>Champion of</i>			
each bracket receives a nice gear b					
SEEDING MEETING: Seeding based on Experience level/records. Level/Record must be filled out or they will be grouped with Experienced wrestlers. MATCHES: 6 Man Round Robin. 3-1 Minute Periods. Sudden Death OT. 1 Min.					
			On Feet. Two 30 Second Ride-Ou		
			RULES: NYS Certified Referees		Please be honest about
weight as we will be randomly che					
weight challenge. Wrestler must NOT weigh over 2.5 lbs. of registered weight. If you win challenge, you will get your money back and that wrestler will be disqualified.					
			No weight challenges will be allow		
DIVISIONS: 6&U, 7&8, 9&10, 11		_			
VENDOR: Competitive Edge-Huge Display of Wrestling Gear and Supplies!!!					
FOOD: Great Variety Served All		**			
Make Checks/Money Orders Pay		Kames. 30/30.			
Thorobred Wrestling Club of CN					
556 East Windsor Road Winds					
		7 0026 :hutlan01@tdg.mat			
For further information contact:		•			
MAIL FO	ORM BELOW ONLY				
NAME:DIVIS	DOB:	AGE:			
WEIGHT:DIVIS	SIONREC	CORD			
YRS. WRESTLED: 0 1 2 3 4 5	6 6 SCHOOL/CLUB:_				
RS. WRESTLED: 0 1 2 3 4 5 6 SCHOOL/CLUB: PHONE:					
In consideration of this entry being		•			
any and all rights and claims for d	•	9 0			
the Thorobred Wrestling Club of C					
Windsor Central School District an	0 0				
at said tournament. I also underst					
insurance policy as a requirement		ournament and my child is			
covered by a health/injury insuran	ce policy.				
DADENT'S SIGNATURE.		DATE.			