

15th Annual Bob Allen Memorial 6-man Round Robin Christmas Tournament

Sun. Dec. 18, 2016 9:00 am @ Campbell-Savona H.S., Campbell, N.Y.

Entry fee: \$25.00 checks payable to "TRSC", must accompany application, club checks must accompany team registrations. Mail entries to: Kevin Rosko, 5137 Campbell-Savona Rd., Campbell, NY 14821. Registration deadline is 5:00 pm Tuesday December 12, 2016. No phone-ins, no walk-ins, no faxes. Seeding of brackets done Wednesday. Limited to the first 252 entries.

Admissions: \$5.00 for adults, \$2.00 for senior citizens (65+) and students, kids not in school yet free.

Age & weight: 6&U, 7-8, 9-10, 11-12, 13-14 (NO Var/JV experience). 6-man brackets as much as possible based on experience and record. Wrestlers may compete in only one weight grouping and one age division. Brackets will not be reseeded unless only one wrestler left after scratches. Any challenges of age or weight will also require challenger to provide proof of age or step on scales as well as the challenged. Honor weigh-in at home school and mark down below before sending in registration.

Awards: Trophy for 1st., medals 2nd.-6th. team trophies 1st.-3rd., team sportsmanship award. 10 man roster submitted prior to 9:00 am on the 18th. if you wish to compete for a team trophy. Forms will be at the head table.

Food: A concession stand will be available all day. No soda, coffee, messy type foods or coolers allowed inside the gymnasium. Water, Gatorade, candy and dry type foods will be allowed inside the gym.

Officials: New York State certified officials will be used on most mats.

Bout length: 1-1-1 for 11-12 and under, 1-1.5-1.5 for 13-14. Overtime of 1 minute, then 30 second ride-out if needed.

Determination of final individual places: #1 - record, #2 - head to head, #3 - total # of pins, #4 - fastest pin, #5 - most nearfalls, #6 - most takedowns.

Team scoring: 10 pts. first, 8 pts. second, 6 pts. third, 4 pts. fourth, 2 pts. fifth, 1 pt. sixth.

For more information call – Kevin Rosko @ 607-684-5971

Wrestlers Name: _____ Club: _____

Age: _____ D-O-B: ___/___/___ Weight: _____ Yrs. Exp.: _____ 2015-'16 Record: _____

Add: _____ City/St./Zip: _____

Home Phone: (_____) _____ Email: _____

In consideration of your acceptance of the entries listed above, and having full knowledge that injuries are a part of participation in sports, I hereby release the Campbell-Savona Central Schools, the Campbell-Savona-Bradford Youth Wrestling Club, Campbell American Legion, and all of the officials, coaches and administrators of afore mentioned organizations from any claims, liabilities, or rights to damage for any injuries or losses suffered by me directly or indirectly in traveling to or from the Bob Allen memorial Tournament, or as a result of spectating or participation in the Bob Allen Memorial Tournament.

Parent Signature: _____