



Dave Schickler Invitational

36 th. Annual

Brockport Youth Wrestling Tournament



TOURNAMENT OF CHAMPIONS

DATE: Saturday, March 19th . 2016

PLACE: Brockport Oliver Middle School 40 Allen St . Brockport NY

COST: \$25.00 Per Wrestler

FORMAT: Round Robin , High School Rules , *****CERTIFIED NYS OFFICIALS*****

ELIGIBILITY: Wrestlers Must Have Written Permission , Meet Age As Of March 22nd 2016 , No 9th Graders Regardless Of Age , NO JV or VARSITY WRESTLERS.

AWARDS: **Hoodies for 1st** -- Trophies 2nd, and 3rd Place: Medal For 4th

FOOD: The Wrestling Boosters Will Be Setting Up Food In The Cafeteria

WEIGH-INS : Friday Night (03-18-2016) 7:00-8:00 pm. And Saturday (03-19-2016) 7:00-8:30am. All Weigh-ins are in the Oliver Middle School Gym. No weigh-ins allowed after 8:30 Saturday. Wrestlers will weigh-in only once. They cannot weigh-in and try to lose weight.

*******WRESTLING WILL START APPROXIMATELY 9:30 AM*******

WEIGHT CLASSES AND AGE DIVISIONS: (5 & 6) , (7 & 8) , (9 & 10) , (11 & 12) , (13 & 14)

5 Man round robin brackets will be used. Wrestlers will be placed into groups with no more than 5 wrestlers
Tournament officials reserve right to change or combine weight classes. Weight classes will be divided if smallest wrestler in group is more than 5 pounds or 10% lighter(whichever is greater) than heaviest wrestler

Any questions or concerns please call either: DAVE SCHICKLER - 585-755-1786,

-----Brian Davies 260-4376 or coaches@brockportyouthwrestling.com

PREREGISTER-BY MARCH 17th. 2016 BY SENDING IN COMPLETED FORM AND

ENTRY FEE TO: **Please Make Check To Brockport Wrestling Club******

Dave Schickler 13 Woodstock Lane Brockport New York 14420

1. Space is limited to the first 400 wrestlers. Walk-ins will be allowed but only up to 400 wrestler limit.
2. All wrestlers **MUST** weigh in at the times stated above. **NO HONOR WEIGH-INS.**

Entry blank must be completed and signed before a wrestler will be allowed to compete.**please print**

Wrestlers Name _____ School District _____

Address: _____ Phone: _____

Age _____ Date of Birth mm/dd/yy ___/___/___ Coach: _____

I hereby release the Brockport Wrestling Club from any claims regarding injury or illness that may be caused in conjunction with this event.

Parent's Name printed _____ Signature _____