

Mustangs Youth Novice Wrestling Tournament

2 years or less experience
Mount Markham Middle School
500 Fairground Rd
West Winfield NY 13491
(School right off from Rte 20)

Date: January 2, 2016

Location: Mount Markham Middle school

Weigh INS: Madison system, Honor Weigh INS (Random checks will be made)

Divisions: Age day of Tournament

Div 1 6 and under, / Div 2 7-8, / Div 3 9-10, / Div 4 11-12

Entry Fee: \$15.00

Payment To: PO Box 256 West Winfield NY 13491

Makes checks payable to Mustangs youth wrestling C/O John Hoke

Time: Check In 8:00-9:30am Wrestling Starts at 10:00

Registration: Pre-Registration and Payment Due by December 30, 2015

(Coaches may email team rosters to hokeJ@otsegocounty.com)

Awards: All Participants will receive an award

Rules: NYS RULES, 4-6 MAN ROUND ROBIN, BOUT 1-1-1, Sudden death overtime, first takedown wins. Volunteer Officials.

Admission Fee: \$2.00-Adults \$1.00-Students, 5 and under free

Refreshments: FOOD, SNACKS, AND DRINKS WILL BE AVAILABLE ALL DAY

Information: For more information please email hokej@otsegocounty.com or call John Hoke (315)360-5259 or Jim Jaquays at (315)717-7731

-----PLEASE MAIL CHECK AND FORM BELOW ONLY-----

Name: _____ Division: _____ Actual Weight: _____
School/Club: _____ Address: _____ State: _____
Zip Code: _____
Phone: _____ Age on 1/2/2016: _____ DOB: _____

I HEREBY DECLARE THAT MY SON/DAUGHTER/WRESTLER ENTERS THE MUSTANGS YOUTH NOVICE WRESTLING TOURNAMENT AT HIS/HER OWN RISK AND OF HIS/HER OWN FREE WILL AND WILL NOT HOLD MOUNT MARKHAM CENTRAL SCHOOL, OR THE MUSTANG YOUTH WRESTLING CLUB ADMINISTRATION OR MEMBERS, TOURNAMENT DIRECTOR, TOURNAMENT STAFF, REFEREES OR COACHES RESPONSIBLE FOR ANY INJURIES RECEIVED DIRECTLY OR INDIRECTLY AS A RESULT OF PREPARING FOR, TRAVELING TO/FROM, PARTICIPATING IN, OR ATTENDING AFOREMENTIONED TOURNAMENT.

PARENT SIGNATURE: _____