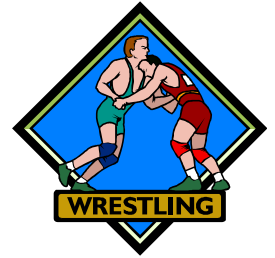


**PEMBROKE YOUTH ASSOCIATION**  
**4th Annual Tommy Patterson Memorial Tournament**

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**Saturday January 16, 2016**

Pembroke Senior/Junior High School, 750 Alleghany Road, Corfu, NY 14036

**PRE-REGISTRATION ONLY FOR THE FIRST 200 WRESTLERS**

**Need to be received by January 13, 2016**

**Entry Fee:** \$25.00 per wrestler – Checks made payable to **Pembroke Youth Association**

**Admission:** \$4.00 for adults and \$2.00 for students/child

**Four man round robin.**

**Rules:** NYS High school Rules, 1 minute periods. Tournament officials have the right to eliminate to combine weight classes. Honor weigh-in, but tournament officials have the right to challenge. If over 3 pounds, the wrestler will not wrestle and forfeit the registration fee.

**Awards:** Trophy to the first, second, third and fourth places.

**Check in and weigh in is 7:00 am to 8:15 am with wrestling to start at 9:15 am**

**Mail registration and payment to:** John Summers, PO Box 386, Corfu, NY 14036-9530

Any questions call John Summers at 585-472-3177 or Corey Lauth at 585-478-4295

or e-mail: [pyawrestling@gmail.com](mailto:pyawrestling@gmail.com)

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**Entry form 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 \_\_\_/\_\_\_/\_\_\_\_ **Weight:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Pembroke Central School District, Pembroke Youth Association, coaches, officials, its agent representatives, successors, or anyone affiliated with this tournament for any accidents, injuries, illness, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

**Wrestler Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name (Printed)** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_