



15th Annual Bret J. Keefe Memorial Elementary Wrestling Tournament

Round Robin

Sunday, January 15, 2017 -- 9:30 a.m. Start

Wyalusing Valley Jr-Sr High School

11364 Wyalusing-New Albany Road Wyalusing PA

Application Deadline: Monday, January 9, 2017 (Absolutely no registrations will be accepted after this date.)

Entry Fee: \$27 Online Registration – No refunds
\$25 Mail in Registration—Limited to the first 350 paid entries.

Age Divisions: 6 & Under 7 & 8 9 & 10 11 & 12

Weight Classes: Each weight class is made up of 4 to 6 wrestlers whose actual weights are closest to each other (taking into account experience and last year's record).

Weigh-Ins: Coaches do their own weigh-ins.

Rules:

- PIAA Bout Length (1-1-1)
- Tournament Directors reserve the right to eliminate or combine any groups where they deem appropriate.
- Wrestlers may only compete in one division (group)

Criteria:

- For 1st, 2nd & 3rd Places
 1. Win/Loss Record
 2. Head to Head Winner
 3. Number of Pins
 4. Number of Tech Falls
 5. Number of Major Decisions
 6. Total Number of Points Scored in Matches

Awards:

- Trophies: 1st, 2nd & 3rd Places
- Medals: 4th, 5th & 6th Places
- Team Trophies: 1st, 2nd & 3rd Places (A 10-man roster must be turned in before the start of the tournament.)

Admission: All coaches must pay admission. Doors open at 8:30 a.m.

- Adults: \$5
- Students: \$2
- Senior-Citizens & Pre-School: Free

Food: Food is available throughout the day in the cafeteria. (Breakfast Pizza, Pizza, Sloppy Joes, Hot Dogs, Fruit, Snacks, Drinks)

Call for Information:

- Amy Hunsinger (570-637-0749) or email Wyalusingelementarywrestling@gmail.com

Registration: Online at—

Mail Entries To: *Wyalusing Elementary Wrestling Club, Inc., PO Box 642, Wyalusing PA 18853*

Make check Payable To: *Wyalusing Elementary Wrestling Club, Inc. (WEWC, Inc.)*

I certify that the information below is correct, and that either school insurance or a family health plan covers the participant. I hereby release any and all rights and claims for damage I may have against the Wyalusing Elementary Wrestling Club, Inc., Wyalusing Area School District, and representatives of the tournament, committee, club officers, referees, and sponsoring bodies from any liability, injury or loss suffered by me or my wrestler directly as a result of this tournament.

Parent's Signature: _____

Wrestler's Signature: _____

Wrestler's Name (Please Print): _____

School/Team: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Age on 1/15/2017: _____

Date of Birth: _____

Division (Circle):

6 & Under

7 & 8

9 & 10

11 & 12

Years of Experience: _____

Last Year's Record: _____

Actual Weight: _____

For Administrative Use Only:

Date Received: _____

Amount Paid: \$ _____

Check # _____

Cash

By: _____