

36th Annual Canisteo Wrestling Club Round Robin Tournament

Date: Sunday, January 15th, 2017
First 400 Entries

Format: 5 or 6 man round robin when possible

Location: Canisteo-Greenwood Elementary School, 114 Greenwood Street, Canisteo, NY 14823

Entry Fee: \$25.00 Registration Fee (Make checks payable to: Canisteo Wrestling Club or C.W.C)
 Money is due at Pre-Registration. No Walk-ins. Send Registration and checks to:
 CWC, Inc., PO Box 51, Canisteo, NY 14823 – Must be received by January 12th, 2017.
Clubs may email roster by 5:00 PM January 12th, 2017

Time: Wrestling Starts at 9 AM sharp **Check In:** 7:00- 8:00 AM

Weigh Ins: **Honor weigh ins except for NY Top 100 entries**, Sat Jan 14th 5:00-7:00 PM & Sun Jan 15th 6:30- 8:00 AM (Weigh ins for NY Top 100 entries only)

Rules: NYS High School Rules Modified Bout Length (1 min.-1 min. -1 min.) for Divisions I-IV
 Bout Length for Division V will be (1½ min.-1½ min. -1½ min.)

Divisions: All ages as of day of the tournament. 1/17/16
I. 6&Under II. 7 & 8 III. 9 & 10 IV. 11 & 12 V. 13 & 14

Coaches must verify weight and experience. If weight is challenged, wrestler must be within 2 pounds of weight listed on registration form, or be disqualified from tournament. Weight must be challenged before 2nd round. Tournament Director reserves the right to combine weight classes. Wrestlers may wrestle in more than one division, but will be required to register for both divisions. NYS Certified Referees.
Modified and JV Welcome! No Varsity experience.

Awards: Trophies for 1st, 2nd, 3rd, 4th - CHAMPIONS T-SHIRTS
 Team Trophies for 1st, 2nd, 3rd and 4th (Ten wrestlers per team)

Food: Kitchen will be open throughout the day.
**** NO FOOD OR DRINK WILL BE ALLOWED IN THE GYM!****

Admission: Adults: \$3.00 Students: \$2.00 Senior Citizens: Free

Questions: Contact: Phil Stewart @ (607-382-1724) or Geoff Havens @ (607-590-1789)
 Email: CANISTEOWRESTLINGCLUB@HOTMAIL.COM
 50 dollar return check fee

*** * NO SMOKING ALLOWED ON SCHOOL GROUNDS * * ***

Name: _____ Birthdate: _____ Age: _____ Exact Weight: _____

School / Club: _____ Phone: _____ Division: _____

Experience: (not years wrestled). Circle which applies:
(1=Beginner and 5=Very experienced/wins most matches) 1 2 3 4 5

I would like to compete in the NY Top 100 rankings: Yes No (please circle)
NY Top 100 competing weight class (increments of 5lbs), wrestler must be at or under this weight: _____

In consideration of your acceptance of my entry, I hereby release the Canisteo Wrestling Club, Canisteo-Greenwood Central Schools, Steuben County School Districts, and the officials of this tournament from any responsibility or liability for any injury, accidental or otherwise.

Signature of Wrestler: _____ Date: _____

Signature of Parent/Guardian: _____