

SWA Winter Weekend Bash

Powered by Superior Wrestling Academy

Split Session

LOCATION: Pal-Mac High School – 151 Hyde Pkwy, Palmyra, NY 14522

WHEN: Sunday, December 2, 2018

WHAT: Round Robin or Bracket when needed

WEIGH-IN: Session 1 7:45-8:30 am **K-2, 7-8** (Must be within 2lbs of registration weight)
Session 2 11:15-12 **3-4, 5-6**

START TIME: session 1 @ 9.30 am Session 2 immediately follows 1 **ENTRY FEE:** \$25.00

LIMITED TO First 300 Paid Entries!!!

REGISTRATION: Please fill out registration form and **Mail** check/form to arrive no later than November 20th

Mail Checks/Entries Form To: SWA - 142 West Jackson St, Apt #3, Palmyra, NY 14522

E-MAIL ENTRIES To – smokinferro@yahoo.com By November 29, – Include Name, DOB, Grade, Experience, School/Club & Phone #

Make payment via PayPal using superiorwrestling@gmail.com

RULES: NYS Certified Refs – HS Rules – OT: 1 min neutral then 30 second sudden victory
K-2nd, 3rd – 4th, 5th - 6th 3 -1 minute periods.
7th – 8th, 1.5,1.5,1.5 minute periods.

DIVISIONS: K-2nd, 3rd - 4th, 5th- 6th, 7th - 8th - (All Experience Welcome)
We Will Separate by Experience the Best We Can

AWARDS: Custom Awards TBA

MEALS: Food Served all day **RAFFLES:** 50/50

Mail Entries Form & Make Checks/Money Order Out To:

SWA

142 West Jackson St Apt #3

Palmyra, NY 14522

Contact Info: Gary - Cell# (607)743-8533 or smokinferro@yahoo.com

-----MAIL FORM BELOW ONLY-----

INDIVIDUAL WRESTLER ENTRY FORM – Fill Out Entire Form Please!!!

NAME: _____

DOB: _____ AGE: _____

EXACT WEIGHT.: _____ DIVISION: _____ YEARS EXP _____

ADDRESS: _____

SCHOOL/CLUB: _____ PHONE: _____

E-MAIL: _____ GRADE-IN-SCHOOL _____

In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Pal-Mac HS, E insurance, Superior Wrestling Academy, It's agents, representatives, successors and assigns for any and all injuries suffered by my child at said tournament. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament.

PARENT'S SIGNATURE:

X _____