

2nd Annual BATTLE AT THE CATS DEN

Date- Saturday February 2, 2019

Time- Doors open at 7, wrestling begins at 9

Location- Hancock Central School new gym (attached to the elementary school) **206 wildcat drive Hancock Ny**

Admission- \$3 adults, \$1 students, seniors and children under 3 free

Registration- \$25 per entry. Must receive all registration forms by Thursday January 31, 2019, age as day of tournament

Mail entries to- Brandon Schror

118 2nd St, Deposit NY 13754

Email entries to- [Hancock Youth Wrestling @ gmail.com](mailto:hancockyouthwrestling@gmail.com)

Make payments to Hancock Youth Wrestling

Check in- 7 am to 830 am, random weight checks will be done at this time, wrestling will start at 9. Challenges \$25. Must be made by end of first round, no refund if challenge is lost.

Divisions- 6 and under, 7&8, 9&10, 11&12, 13&14. Age as of day of tournament. 6 man Madison style brackets. Tournament director reserves the right to combine, eliminate or change brackets as needed.

Awards- trophies for 1st,2nd,3rd. Medals for 4th,5th,6th.

Team trophies for 1st, 2nd, 3rd place finishes. Top 4 place winners for team trophy- 10pts first place, 5pts 2nd place, 3pts 3rd place and 1pt 4th place

Criteria for awards- win/loss, head to head winner, number of pins, number of points, number of takedowns.

Rules- NYS High School/Modified rules, bout lengths 1-1-1, 30 second OT, 30 second UTB

NYS certified referees

Food/Drinks- full concession will be available all day, no outside food, beverages or coolers

Questions: call Brandon Schror at 518-649-7591, email [Hancock Youth Wrestling @ gmail.com](mailto:hancockyouthwrestling@gmail.com)

Name _____, Age _____, Birthdate _____,
Weight _____, Division _____
School/Club _____ Year's experience __ record ____

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In consideration for your acceptance of your child's entry to the Battle At The Cats Den wrestling tournament, I hereby release Hancock Youth Wrestling, Hancock Central School, Tournament officials, and Volunteers from any claims or liabilities of injury, damage or losses related to participation

Parent or Guardian _____
(Please Print Name) Email: _____

Signature of parent or guardian _____ Date _____