

# 2<sup>nd</sup> Annual

## Lil Hawks Wrestling Club

### Round Robin Tournament

**Date:** Sunday, December 22<sup>nd</sup>, 2019

**First 300 Entries**

**Format:** 5 or 6 man round robin when possible

**Location:** Corning-Painted Post High School Gymnasium, 201 Cantigney St., Corning NY 14830 **(take the Aisne St. entrance, a block down from Cantigney St.)**

**Entry Fee:** \$25.00 Registration Fee (Make checks payable to: Lil Hawks Wrestling Club)

Money is due at Pre-Registration. No Walk-ins. Send Registration and checks to:

Lil Hawks Wrestling Club, 135 Decatur St., Corning, NY 14830 – Must be received by December 17<sup>th</sup>, 2019

*Clubs may email roster by 5:00 PM December 17<sup>th</sup>, 2019*

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

**Weigh Ins:** Honor weigh ins

**Rules:** NYS High School Rules Modified Bout Length (1-1-1) for Divisions I-IV

**Divisions:** All ages as of day of the tournament. 12/22/19

**I. 6&Under    II. 7 & 8    III. 9 & 10    IV. 11 & 12**

*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 2<sup>nd</sup> 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.*

**Awards:** Trophies for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> – **Champion Shirts. Most outstanding Wrestlers for each division**

Team Trophies for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> (Ten wrestlers per team)

**Food:** Concession Stand will be open throughout the day.

**\*\* NO FOOD OR DRINK WILL BE ALLOWED IN THE GYM!\*\***

**Admission:** Adults: \$5.00 Students/Senior Citizens: \$3.00 Children 4 & Under: Free

**Questions:** Contact: Kevin VanCise @ (607-382-2827) or Lisa Smith @ (607-259-0040)

Email: [lilhawkswrestlingclub2015@gmail.com](mailto:lilhawkswrestlingclub2015@gmail.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

In consideration of your acceptance of my entry, I hereby release the Lil Hawks Wrestling Club, Corning Painted Post School District, 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: \_\_\_\_\_