

SVEYA



SVEC Eagles Youth Wrestling Dual Meet

SUNDAY

2020

FEBRUARY 9th Spencer, NY

Date: Sunday, February 9, 2020

Registration Due: Roster and payment due no later than Friday Feb 7, 2020

Location: Spencer - VanEtten High School, 16 Dartts Cross Rd., Spencer, New York 14883

Weight's: 45, 49, 52, 57, 61, 66, 71, 77, 83, 90, 99, 109, 120, 132, and HWT 165 max. Wrestler must be not over 11lbs of listed weight. Wrestler may bump up one weight class if necessary, prior to Round 1. Rosters must be completed prior to event start and cannot be changed once Round 1 begins. Wrestlers will be permitted to move up to wrestle rather than accept a forfeit if no wrestler is in that weight on the opposing team.

Check - In: 7 A.M. to 8 A.M. No WALK IN's will be accepted

Rules: NYS modified rules, periods 1-1-1 min, 1 min Sudden death OT, 30 second ride out, all Referee calls are final

Wrestling: Start time 9 AM, Headgear & singlet suggested No loose clothing.

Format: Team Dual Meet: Fall, Forfeit, Default, DQ =6PTS Tech Fall =5PTS Major Dec =4PTS Dec =3PTS.

Two Table Workers to be Provided by Each Team.

LIMITED TO THE FIRST 6 PAID TEAMS

Entry Fees: \$250.00 Per Team. Make checks payable to: SVEYA Wrestling (no refunds except for event cancellation)

Awards: 1st place Large Team Trophy, 2-3rd place team trophy

E-Mail Entries to: Rich Ruben sveyawrestling@gmail.com

Admission: Adults \$3.00, \$2.00 kids (Head coaches Free for registered teams! Limit two Coaches per team)

Concession: Food will be available all day

Waiver: By participating in this event, I (we) hereby declare that I will do so at my own risk and of my own free will. I will not, in any way, hold liable the sponsors, tournament officials, Spencer – Van Etten School District or employees, referees, or any associate of SVEYA Wrestling, for any injuries or losses that I might receive, directly or indirectly, while traveling to or from, or competing therein. I understand that if I (my child) has any suspicious skin markings, I (my child) might not be allowed to enter the tournament without a doctor's note stating the he / she is free of any contagious condition.

Coach's Signature _____ Team/School/Club: _____

Count	Weight	Wrestler's First Name	Wrestler's Last Name
1	45		
2	49		
3	52		
4	57		
5	61		
6	66		
7	71		
8	77		
9	83		
10	90		
11	99		
12	109		
13	120		
14	132		
15	HWT		