

Trinity "Hiller Classic" First Year Tournament

- Date:** Sunday, January 12, 2020
- Location:** Trinity Area SR High School, 231 Park Ave. Washington, PA 15301 (Gym Entrance at rear of School)
- Start Time:** 10:30 AM - All Ages
- Eligibility:** Age Division determined by age as of 12/31/2019. Proof of age will be required if challenged. Challenging wrestler must also provide proof of age.
Must be a first year wrestler.
No matches - no tournaments before 11/1/2019.
- Rules:** Modified PIAA Rules. Double elimination format with true second. All wrestlers must make weight. This is a Silent Tournament. Individual weight brackets will be available for \$1.00. Wrestler must wrestle to receive awards. Decision of Referees and Tournament Director are final. All matches will be (1,1,1) ALL consolation matches are (1,1,1) All overtime 1:00 with :30 ride-out Sudden Death.
Brackets may be combined or split at the tournament directors discretion,
- Weigh-Ins:** 1-11-20 5:00PM-6:00 PM All Divisions (locker room behind the main gym)
1-12-20 8:00AM - 9:00 AM All Divisions (locker room behind the main gym)
- Entry:** **Entry Fee is \$28 Online Registration per entry. www.pywrestling.com**
Entries must be received by 10PM Thursday January 9, 2020. NO Exceptions. No Walk in Registration. 350 wrestler limit. Double entry is permitted in different age divisions for two entry fees.
NO REFUNDS.
For questions contact Paul Reihner- email- reihnerpe@gmail.com or text 724-413-9516.
- Online Registration Link:** <http://www.pywrestling.com/trinity-1st-year-or.html>
- Admission:** Adults \$5.00, Students are free. Concessions and Hot food will be available all day including breakfast. Use designated eating areas only. NO FOOD OR DRINK IS PERMITTED IN GYMNASIUMS. Trinity Area School District is tobacco free. No Smoking or tobacco on school grounds.
- Awards:** Large Custom medals for places 1st - 4th. Shirts for the Champions.

Trinity First Year

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Circle division		
And weight class	6&U Under	35, 40, 45, 50, 55, 60, 65, 75, 100 Max
	8&U Under	45, 50, 55, 60, 65, 70, 75, 80, 90, 100, 120 Max
You Want To	10 & Under	55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 120, 150 Max
Enter & Write		
Below To Confirm.		

Name: _____

Division: _____ Weight: _____ Actual Weight _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Team: _____ Birth Date: _____

I/We hereby in accepting entry intend to be legally bound hereby for myself, my heirs, and assigns, and agree to waive any and all claims and indemnify and hold harmless the Trinity Area School District, the Trinity Wrestling Club, and anyone connected with this tournament for any injuries, or damages I may have which occur during this tournament, or while traveling to or from this tournament.

Parent Or Guardian Signature: _____ Date: _____