

DOUG LOBDELL YOUTH WRESTLING TOURNAMENT

Deposit youth wrestling

DATE: Sunday January 5 2024
PLACE: Deposit Elementary School
171 Second St
Deposit NY 13754
TIME: Check in: 7:00 – 8:00 am Wrestling starts at 9:00 A.M

REGISTRATION: Pre-register only. Please email registration/rosters to ewright@bwrehab.com

Must receive email by Thursday January 2, 2025

Make checks payable to: Deposit youth wrestling club or venmo @emily-Wright-36349

WEIGH-INS: Honor Weigh In

Random weight checks will be done by tournament committee. One wrestler per team.

ENTRY FEE: \$35.00 PER WRESTLER

ADMISSION: NO ADMISSION FEE

RULES: 4-6 Man Round Robin

NYS High School Modified, Bout Time 1 min. – 1 min. – 1 min.

Criteria for 1st through 6th place: 1. Won/loss record 2. Head to head winner 3. # of pins 4. Total points.

DIVISIONS: 6 & UNDER, 7 & 8, 9 & 10, 11 & 12, 13 & 14. AND VARSITY WRESTLERS

Note: Tournament committee has the right to combine or eliminate weight classes.

Madison style weight groupings in a six man bracket (Maximum 10% difference)

Weight may be challenged in the 1st round only. Both Wrestlers must weigh in & must be within 2 pounds of weight listed on form or they will be disqualified, no refunds. \$25.00 to challenge.

AWARDS: 1ST PLACE – 3RD PLACE – PLAQUES

4TH – 6TH PLACE – MEDALS

Team trophies 1st, 2nd, and 3rd

CONCESSIONS: Food and Beverage will be available all day.

TOURN INFO: Emily Wright 607-768-2079 email: ewright@bwrehab.com

NAME _____ DIVISION _____ ACTUAL WEIGHT _____

ADDRESS _____

STATE _____ ZIP CODE _____ PHONE _____

AGE _____ DOB _____ SCHOOL/CLUB _____

LAST YEARS RECORD W _____ L _____ YEARS WRESTLED _____

I hereby assume full responsibility for my child/ children in case of injury and loss of personal belongings while traveling to and from, and/ or participating in the Deposit Doug Lobdell Youth tournament. I will not hold Deposit Central School District, coaches and staff responsible for liability.

PARENT/ GUARDIAN SIGNATURE _____ DATE _____