

SANDY CREEK YOUTH WRESTLING TOURNAMENT



“KING OF THE MAT” JOEY EISCH & JEFF SHIRLEY MEMORIAL



- Date:** Sunday – February 9, 2025
- Location:** Sandy Creek High School – 124 Salisbury St., Sandy Creek NY 13145
- Weigh-Ins:** 7:30-8:30 AM ***Start Time: 9:00 AM***
**Wrestlers will weigh-in the morning of the tournament. If the wrestler exceeds his/her registered weight by more than 1 lb. they will be disqualified. Brackets will be made prior to the tournament.*
- Entry Fee:** \$40 Registration Fee.
- Registration:** Fill out and EMAIL registration to: SandyCreekYouthWrestling@yahoo.com
Registration Payment must be Paid at the Tournament Registration Table
Coaches ONLY can sign up as a team via e-mail SandyCreekYouthWrestling@yahoo.com
Registration DEADLINE: **Thursday**, February 6th, 2025 @ 11:59 pm

NO WALK-INS – NO REFUNDS

Limit: 300 Wrestlers



Verify you are signed-up by checking our Facebook Page here:



Divisions: ****Age at Date of Tournament****
D1: 5-6 Years D2: 7-8 Years D3: 9-10 Years D4: 11-12 Years D5: 13-14 Years

Rules: Absolutely no JV or Varsity Experience. 6-Man Round Robin, Madison (12% rule) style pairing. All Wrestlers will be checked for long nails or contagious skin conditions during weigh-ins. Matches: Three, 1 Minute Periods / Overtime with no time limit. 1st takedown wins NYS Certified Officials / Full-size mats will be used for all Divisions



Awards: Crown for Champions, Trophies 2nd & 3rd, **Medals 4th-6th**
Team Trophy 1st-3rd (Teams points are determined by the total points of the Top 10 highest scoring wrestlers for each team). The team that you selected for your child during registration, is the team that they will be scoring for. No changes will be made after the registration deadline.

Admissions: \$3 – Adults (Coaches); \$2 – Children (5 & under FREE)

Refreshments: Breakfast, Lunch, Snacks & Drinks will be available in the Cafeteria.
NO FOOD INSIDE THE GYM

Questions: Contact: Head Coach – Jimmy Sprague 315-532-5651 or Assistant – Nicole Pruet 315-420-9614
E-Mail: SandyCreekYouthWrestling@Yahoo.Com

E-Mail Entry Form to: SandyCreekYouthWrestling@Yahoo.com

Sandy Creek Youth Wrestling

Wrestler's Name: _____

DOB: _____

Address: _____

Phone: _____

Age: _____ Weight: _____ Club: _____

Experience Level (circle level): 1 2 3 4 5
 Beginner Average Experienced

I hereby release the Sandy Creek Wrestling Club, Sandy Creek School District, and the tournament Officials from any claims, liabilities, and/or loss by me directly or indirectly in traveling to or from, and/or participating in the Sandy Creek Central Youth Wrestling Tournament.

Wrestlers/Parents/Guardian Signature: _____ **Date:** _____