

# **SHERBURNE EARLVILLE 3RD MEMORIAL WRESTLING TOURNAMENT**

## **MAXIMUM 250 WRESTLERS \***

**WHEN:** Sunday, February 23, 2025

**WHERE:** Sherburne Earlville High School Gymnasium, 13 School St, Sherburne NY 13460

**TIME:** Check in 6:30 AM- 7:30 AM **\*Wrestling begins at 9am**

**REGISTRATION:** Pre-Registration only (NO WALK INS)

Registration deadline is Saturday, February 22nd, 2025- late entries **NOT** accepted.  
Limited to the first 250 wrestlers

**PREPAY REQUIRED:** Checks payable to: SE Youth Wrestling // VENMO: @SEWrestling  
(please include child's name in comments when paying)

**REGISTRATION WILL CLOSE 12AM SATURDAY FEBRUARY 22ND 2025**

**Registrations to be sent in via email to: SEYOUTHWRESTLING@GMAIL.COM**

**ENTRY FEE:** \$30.00 per wrestler

**ADMISSION:** \$3 per adult and \$1 for students, under 5 free

**RULES:** 4-6 man round robin

**DIVISION:** 6 & under, 7 & 8, 9 & 10, 11 & 12, 13 & 14

**Weight classes will be made up of 4-6 wrestlers by their actual weights and birth year. Proof of age will be required if contested. NOTE: Tournament committee has the right to combine or eliminate weight classes.**

WEIGHT CONTESTED MUST BE DONE BEFORE THE FIRST ROUND IS OVER.

**Individual Awards:** All wrestlers awarded

**Teams:** 1st - 6th awards

Proof of age required if contested and agreed upon by the tournament director. a fee of \$25.00 is charged for any weight challenges. Each weight class is made up of wrestlers whose actual weights are closest to each other while considering years of experience. Random weigh-ins may occur during check in!

**CONCESSIONS:** Food and beverage will be available all day long.

**TOURNAMENT INFO:** Head Coach: Greg DuVall (607) 244-3672 // Wrestling Committee: Chelsea Losee (607) 316-5351 & Jessica Alishauskas 315-750-9888 // Email: SEyouthwrestling@gmail.com

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### ENTRY FORM (Please Print)

**NAME:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_

**SCHOOL/CLUB:** \_\_\_\_\_

**EMERG. CONTACT:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **EXPERIENCE:** \_\_\_\_\_

**PAYMENT TYPE:** \_\_\_\_\_ **VENMO** \_\_\_\_\_ **INDIVIDUAL CHECK** **\*GROUP CHECK- CONTACT US\***

*hereby assume full responsibility for my child/children in case of any injury and loss of personal belongings while traveling to and from, and/or participating in the Sherburne Earlville Youth Wrestling Tournament. I will not hold the Sherburne Earlville school district, SE Youth Wrestling, and staff responsible for any liability.*