

# DOUG LOBDELL YOUTH WRESTLING TOURNAMENT

## Deposit youth wrestling

### LIMITED TO FIRST 150 PAID WRESTLERS

DATE: Saturday March 7, 2026

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 [lobdell123@yahoo.com](mailto:lobdell123@yahoo.com)

Must receive email by Thursday March 5 2026

Payment Options: Venmo (Preferred): @Emily-Wright-36349 (last 4 of phone number 2079);

CashAPP: \$emilyhanah

Apple Pay: Text payment to 607-768-2079

NOT ACCEPTING CASH OR CHECK

WEIGH-INS: Honor Weigh In

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

ENTRY FEE: \$40.00 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 1<sup>st</sup> through 4<sup>th</sup> place thru Trackwrestling algorithm which includes: 1. Win/loss record 2. Head to head winner 3. # of pins.

DIVISIONS: 6 & UNDER: Weight Class 75 Pound Max – Over 75 moves to 7&8 Division

7 & 8: Weight Class 100 Pound Max – Over 100 moves to 9&10 Division

9 & 10: Weight Class 125 Pound Max – Over 125 moves to 11&12 Division

11 & 12: Weight Class 150 Pound Max.

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 1<sup>st</sup> 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: 1<sup>ST</sup> PLACE T-shirt; 2<sup>ND</sup> Place– 4<sup>TH</sup> PLACE – Medals

Team trophies 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>

CONCESSIONS: Food and Beverage will be available all day.

TOURNE INFO/QUESTIONS: Emily Wright 607-768-2079 email: [ewright@bwrehab.com](mailto:ewright@bwrehab.com)

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NAME \_\_\_\_\_ DIVISION \_\_\_\_\_ ACTUAL WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL/CLUB \_\_\_\_\_

YEARS WRESTLED \_\_\_\_\_ WRESTLER CLASSIFICATION: A – Good, B – Average, or C - Beginner

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 \_\_\_\_\_