

MAPLETON SCHOOLS FALL WRESTLING TOURNAMENT

SUNDAY, November 6th, 2011

WHERE: Mapleton High School Gymnasium
635 County Road 801 Ashland, Ohio 44805-Do not send entry forms to this address

ENTRY FEE: \$15.00 per weight class. No Pre-registrations. No refunds.

ADMISSION: \$4.00/adults \$2.00/students \$6.00/family

CONCESSIONS: Hot and cold food available all day! NO FOOD IN GYM

RULES: Div. 1-3 are Modified three one-minute periods, Div. 4-6 will be three minute and a half periods, all neutral position, double elimination, twelve point tech fall. Sudden victory OT in case of tie. 5 or less will be round robin. We use certified referees. **Tournament director reserves the right to combine and delete weight classes.**

AWARDS: 2nd through 4th place will receive medals. Champions will receive a deluxe trophy and will also receive our **newly designed championship T-shirt.**

Contact info: Ray Kowatch at 419-368-5606 or Derek Durbin at 419-408-4187 or email me at dbzdurb@neo.rr.com

DIVISIONS AND AGES

Weigh in & Start Times

Div. 1	4-6 years old	40,45,50,55,60,70,HWT	-----7-9:00 am, start 10:00 am
Div. 2	7-8 years old	45,50,55,60,65,70,75,85,HWT	-----7-9:00 am, start 10:00 am
Div. 3	9-10 years old	55,60,65,70,75,80,86,93,100,115,HWT	-----7-9:00 am, start 10:00 am
Div. 4	11-12 years old	65,70,75,80,85,92,100,110,125,140,HWT	-----7-12:30, start 1:30 pm
Div. 5	13-14 years old	80,85,90,95,100,110,115,125,130,135,145,160,180,HWT	-----7-12:30, start 1:30 pm
Div. 6	15-18 years old	100,110,115,120,125,130,135,140,145,155,165,175,185,HWT	-----7-12:30, start 1:30 pm

Birth certificate is required with a contested wrestler.

Make all checks payable to: Mountie Takedown Club

Mapleton Schools Fall Tournament Entry Form, **Entry Fee Must Accompany Registration Form**

Name _____ Address _____

Phone _____ Birth date _____ Club/School _____

In consideration of your acceptance of my entry, I waiver and release myself, my heirs, executors and administrators of any and all rights, and claims for damages, against the Mapleton Local Schools, Mapleton Board of Education, their representatives, members of the Mountie Takedown Club, Mountie Youth Wrestling Team, all tournament officials/coaches, and workers. I further waiver and release myself and children from any and all injuries, suffered by me or children at this tournament, or traveling to or from this tournament.

Parent/Guardian Signature _____ Date _____ Wrestler Signature _____ Date _____

Division _____ Age _____ 2010-2011 Record (if known) _____

Tournament use only

Actual Weight _____ Paid _____