

**JOHNSON CITY RECREATIONAL WRESTLING TOURNAMENT**  
**5 MAN ROUND ROBIN**  
**SUNDAY, DECEMBER 9, 2007**

**LOCATION:** JOHNSON CITY HIGH SCHOOL  
666 Reynolds Road, Johnson City, NY (Exit 70N off Rte. 17 – North of Oakdale Mall)

**ENTRY FEE:** \$18.00 by mail, postmarked by December 3, 2007;  
\$20.00 at the door, must receive entry form and fee by 8:00 a.m.

**ADMISSION:** Adults \$2.00 – Kids \$1.00

**WRESTLING BEGINS:** 10:00 AM

**SEEDING MEETING:** Sunday, 8:00 AM (Open to Coaches)

**HONOR WEIGH-IN:** Wrestler's weight may be challenged prior to the end of the first round of wrestling for \$20.00; refundable only if wrestler fails weight challenge. Wrestler must be within 3 lbs. of his/her registered weight. Wrestler will be disqualified with no refund if he/she is over.

**INDIVIDUAL AWARDS:** 1<sup>st</sup> and 2<sup>nd</sup> Place Trophies; 3<sup>rd</sup> and 4<sup>th</sup> Place Medals

**TEAM AWARDS:** 5' Trophy for 1<sup>st</sup> Place team. (1<sup>st</sup> = 10 points, 2<sup>nd</sup> = 7 points, 3<sup>rd</sup> = 4 points) Each team must designate a 10-person roster with 2 wrestlers per each division. Sheets available at head table.

**OFFICIALS:** New York State Certified

**RULES:** New York State (Modified High School)

**HEAD GEAR:** Preferred

**DIVISIONS & WEIGHTS:**

AGE	WEIGHT CLASSES	REGULATION
6 & UNDER	35 - 40 - 45 - 50 - 55 - 60 - UNL (not to exceed 80)	1 - 1 - 1
7 & 8	45 - 50 - 55 - 60 - 65 - 70 - 75 - 85 - UNL	1 - 1 - 1
9 & 10	50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100 - 115 - UNL	1 - 1 - 1
11 & 12	65 - 70 - 75 - 80 - 85 - 90 - 95 - 100 - 107 - 117 - 127 - 140 - UNL	1 - 1 - 1
13 & 14	75 - 80 - 85 - 90 - 95 - 102 - 110 - 118 - 126 - 134 - 142 - 150 - 170 - UNL	1 - 1½ - 1½

JV and Varsity experience accepted.

You may only enter one age/weight division.

Tournament Director reserves the right to eliminate/combine weight classes.

Age as of day of tournament. Proof of age must be presented if contested.

Make checks payable to and mail to: Johnson City Recreational Wrestling Club, c/o Greg Matyas  
46 Orchard Ave, Johnson City, NY 13790

For further information contact: Greg Matyas (607) 797-7568  
Dave Colgan (607) 797-0347

**INDIVIDUAL WRESTLER ENTRY FORM**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ WT.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL OR CLUB (for team points): \_\_\_\_\_ PHONE: \_\_\_\_\_

SEEDING INFORMATION (2006 - 2007) RECORD: \_\_\_\_\_ HONORS: \_\_\_\_\_

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In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Village of Johnson City, the Johnson City Recreational Wrestling Club, it's agents, representatives, successors, the Johnson City Central School District and assigns for any and all injuries suffered by my child at said tournament. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury insurance policy.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_