

**6th Annual Pittsford Youth  
Wrestling Tournament  
Sunday, January 18, 2009  
Pittsford Mendon High School  
472 Mendon Rd, Pittsford NY 14534**



**Optional Pre-Registration**  
**350 Wrestlers were done last year by 3 pm!**

**WEIGH-INS:** 7:00-8:30am.

**AWARDS:** Trophies for 1<sup>st</sup>-3<sup>rd</sup> Place ~ 4<sup>th</sup> Place Medals

**Format:** Round Robin, and 8 man brackets depending on weight variances.

**Age Groups:** 5/6, 7/8, 9/10, 11/12, 13/14

(No JV or Varsity Experience Allowed) Proof of age must be presented if contested.

Three, 1 minute periods. Overtime matches will be first point scored.

**RULES:** Round Robin Tournament. Tournament officials reserve the right to alter or combine weight classes where better competition will result. Overtime - Sudden Victory - 1<sup>st</sup> point awarded wins.

**ENTRY FEE:** \$18.00 If received by Friday January 16<sup>th</sup> \$22 at the door - Spectators: \$1.00 (\$3.00 for families) -

**Please mail Registration to:**

**Pittsford Wrestling  
20 Hopper Hills Way  
Mendon NY 14506**

**UNIFORMS:** All wrestlers must wear an approved wrestling singlet or gym shorts and T-shirt. Sneakers or wrestling shoes required. **NO LOCKER SPACE AVAILABLE. NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.**

**PARKING and REGISTRATION:** Please park in the Left parking lot back by the gym or football field.

**FOOD:** No Food is allowed in the gym. Food will be available in the cafeteria provided by the Pittsford Wrestling Club.

**TOURNAMENT DIRECTORS:** Jason Bovenzi and Bill Howard

Email: jason\_bovenzi@pittsford.monroe.edu Phone: (585) 267-3816

Email: bill.howard@prudentialkares.com

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**ENTRY FORM**

Name \_\_\_\_\_ Age as of 1/20/08 \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
School/Team \_\_\_\_\_ Approximate Weight \_\_\_\_\_

Years Experience \_\_\_\_\_

I hereby release from any and all claims regarding an injury, illness or death that may be caused in conjunction with this tournament including the Pittsford Wrestling Club, School District and all personnel and agents associated with this event. I will be responsible in full for the welfare of the named child. I also state that my child currently is covered by health insurance.

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**Wrestlers Signature**

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**Parent or Guardian Signature**

**Weight \_\_\_\_\_ Paid \_\_\_\_\_**