16th Annual Valley Duals Wrestling Tournament

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|---|--|---|---|--|
| Memo to: | Central Valley Academy(III), Cobleskill-Richmondville(II), Onteora(IX), Spencer Van Etten(IV), Copenhagen(III), Little Falls(III), Northern Adirondack(VII) and 1 more team. | | | |
| From: | Bob Bush-Central Valley Wrestling Coach | | | |
| Re: | Dual Meet Tournament on December 11 th and 12 th 2015 | | | |
| Place: | Central Valley Academy-Ilion, NY 13357 | | | |
| Cost: | \$400 per team Please send check or claim invoice made out to Central Valley Central School, c/o Bob Bush. | | | |
| Format: | Each team will wrestle 3 duals in 3 rounds on 4 mats on Friday and 5 duals in 5 rounds on 4 mats on Saturday. | | | |
| Awards: | First Place Team, MOW for each team chosen by each team's coach. | | | |
| Schedule: | Each school will draw a number at the scale to determine match order. | | | |
| Day | Time | Round | | |
| Friday | 5:00 pm | 1 | | |
| | 6:30 pm | 2 | | |
| | 8:00 pm | 3 | | |
| Saturday | 9:45 a.m. | 4 | | |
| | 11:15 a.m. | 5 | | |
| | | 6 | | |
| | 1:15 p.m. 2:45 p.m. | 7 | | |
| (Place Match) | | 8 | | |
| thirty minute l Confirmation: on December | Please send in 11 th and 12 th 20 | horter match times exist. Each round will start at that the end of the second round. attached sheet committing you to participate in the 15. If we have not heard from you either by phone | Valley Duals Wrestling Tournament :: (315) 725-6333(cell), (315) 895- | |
| 7471(school) someone else. | | 07 (H) or by fax: (315) 895-5255 or in the mail by | September 31 st , we will invite | |
| | | | Indicates their commitment to compete in the Valley Duals Wrestling Tournament on December 11 th and 12 th 2015 | |
| | | does NOT wish to participate in 2015. | | |
| Signed | | Athletic Director | | |
| Signed | | Coach | | |
| | | Please fill out and return immediately to: | Bob Bush Wrestling Coach Central Valley Academy | |

Wrestling Coach Central Valley Academy 111 Fredrick Street Ilion, NY 13357