

17th Annual Cobleskill/ Richmondville Robert Ihrig Youth Wrestling Tournament



Cobleskill-Richmondville HS 1353 St Rt 7 Richmondville, NY 12149

6 MAN ROUND ROBIN TOURNAMENT

(Pre-Registration Required - First 300 Wrestlers)

Date: Sunday, February 5th, 2017

Location: Cobleskill-Richmondville High School, 1353 State Rt.7, Richmondville, NY 12149 **Weigh-Ins:** Sunday February 5th 7:00 - 8:30 AM Div I, II, III and 10:30 -11:30 AM Div IV & V

Any wrestler exceeding his/her pre-registered weight by more than 2lbs. will be disqualified

from the tournament and no refunds will be issued. NO EXCEPTIONS!! Weight adjustments allowed until 2/3/17 (call Ed Pietrowski 518-234-4838)

Divisions &Division I (ages 6 & under)Division IV (ages 11-12)Schedule:Division II (ages 7-8)Division V (ages 13-14)

Division III (ages 9-10) WRESTLING BEGINS at 12:30 or upon

WRESTLING BEGINS at 9:00am completion of Div I, II &III

Entry Fee: \$25.00 (\$30.00 for returned checks)

Registration: Pre-Registration required by Thursday, Feb 2nd 2017 - NO WALK-INS - NO REFUNDS

Payment: Make checks payable to CRY Sports

Send to: CRY SPORTS 660 Hubb Shutts Rd. Cobleskill, NY 12043

(with Registration Form)

Referees: Certified referees for Divisions II thru V

Awards: Champion T-shirt and Chart. Trophies for 1st-3rd place in

Div. I, II & III Medals for 1st-3rd Div. IV & V. Participation ribbons

Rules:

NYS Modified/High School - wrestlers may pay to wrestle in two divisions (not responsible

for missed matches or rest time between division matches). Periods are 1 min each.

* 6 Man round robin where possible (weights may be combined up to 12%)

* Skin Check at Weigh-Ins (Doctor note required if visible rash exists)

* NO JV or VARSITY EXPERIENCE

Adults \$2 - Students \$1 - Children 10 and under free (No unattended children please!)

Admission:

Refreshments: Breakfast, lunch, snacks and beverages will be available in the cafeteria all day.

Information: Ed Pietrowski - 518-234-4838 or e-mail pietrowskie@hotmail.com. Day of tournament - 518-657-9670

Registration Form on back

Registration Form

Name:			
Age on 2/5/17:	DOB:		
Division	Actual Weight		-
Experience			_
Address/Town:			-
State:Zip (Code:Phone:		
School/Club:			
all rights and claims fo Richmondville School by my child or myself a	r damages or injuries against th District, its agents, representati	ne CRY Sports Organ ves and assignees fo School on February 5	or any and all injuries suffered oth, 2017. I also understand that
Parent/Guardian Signa	ature:		
Date:			