



# Dave Schickler Invitational

## 37 th. Annual

### Brockport Youth Wrestling Tournament



TOURNAMENT OF CHAMPIONS

**DATE:** Saturday, March 25<sup>th</sup> . 2017

**PLACE:** Brockport Oliver Middle School 40 Allen St . Brockport NY

**COST:** \$25.00 Per Wrestler

**FORMAT:** Round Robin , High School Rules , **\*\*\*CERTIFIED NYS OFFICIALS\*\*\***

**ELIGIBILITY:** Wrestlers Must Have Written Permission , Meet Age As Of March 22nd 2017 , No 9<sup>th</sup> Graders Regardless Of Age , NO JV or VARSITY WRESTLERS.

**AWARDS:** Hoodies for 1<sup>st</sup> -- Trophies 2<sup>nd</sup>, and 3<sup>rd</sup> Place: Medal For 4<sup>th</sup> TOC QUALIFER 1-4

**FOOD:** The Wrestling Boosters Will Be Setting Up Food In The Cafeteria

**WEIGH-INS :** Friday Night (03-24-2017) 7:00-8:00 pm. And Saturday (03-35-2017) 7:00-8:30am. All Weigh-ins are in the Oliver Middle School Gym. No weigh-ins allowed after 8:30 Saturday. Wrestlers will weigh-in only once. They cannot weigh-in and try to lose weight.

\*\*\*\*\***WRESTLING WILL START APPROXIMATELY 9:30 AM**\*\*\*\*\*

**WEIGHT CLASSES AND AGE DIVISIONS:** ( 5 & 6 ) , ( 7 & 8 ) , ( 9 & 10 ) , ( 11 & 12 ) , ( 13 & 14 )

5 Man round robin brackets will be used. Wrestlers will be placed into groups with no more than 5 wrestlers  
Tournament officials reserve right to change or combine weight classes. Weight classes will be divided if smallest wrestler in group is more than 5 pounds or 10% lighter(whichever is greater) than heaviest wrestler

Any questions or concerns please call either: DAVE SCHICKLER - 585-755-1786,

-----Brian Davies 260-4376 or coaches@brockportyouthwrestling.com

**PREREGISTER-BY MARCH 23rd. 2017 BY SENDING IN COMPLETED FORM AND**

**ENTRY FEE TO: **\*\*Please Make Check To Brockport Wrestling Club\*\*****

**Dave Schickler 13 Woodstock Lane Brockport New York 14420**

1. Space is limited to the first 400 wrestlers. Walk-ins will be allowed but only up to 400 wrestler limit.
2. All wrestlers **MUST** weigh in at the times stated above. **NO HONOR WEIGH-INS.**

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Entry blank must be completed and signed before a wrestler will be allowed to compete.\*\*please print\*\*

Wrestlers Name \_\_\_\_\_ School District \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth mm/dd/yy \_\_\_/\_\_\_/\_\_\_ Coach: \_\_\_\_\_

I hereby release the Brockport Wrestling Club from any claims regarding injury or illness that may be caused in conjunction with this event.

Parent's Name printed \_\_\_\_\_ Signature \_\_\_\_\_