

**5<sup>th</sup> Annual Nunda Old-Timers Wrestling Tournament  
Double Elimination**

**IN MEMORY OF JAKE BAXTER**

**(All proceeds from this Tournament donated to Golisano Children's Hospital)**

- Date: Sunday, March 8, 2020
- Location: Keshequa Junior-Senior High School, 13 Mill Street, Nunda, New York
- Entry Fee: \$25.00, Make checks payable to Nunda Youth Wrestling Club.  
\$50 return check fee. Entry fee must accompany registrations and must be received by March 7, 2020. First 300 entries accepted. Walk-ins welcome.  
Mail entries to Crystal Learn, 9106 Picket Line Road, Nunda, New York 14517.
- Time: Wrestling Starts at 9 a.m. Check In: 7:00 a.m. - 8:00 a.m.
- Rules: NYS High School Rules, NYS Certified Referees.  
Bout Length 1½ min.-1½ min.-1½ min.
- Weigh Ins: Honor weigh-ins with weight check.  
Tournament director reserves the right to combine weight classes.
- Weight Classes: Division One (18 - 29) Weight 127, 135, 143, 151, 159, 167, 176, 186, 199, 287  
Division Two(30 & up) Weight 145, 160, 180, 200, 220, 250, 285
- Awards: 1<sup>st</sup> Place - T-Shirt & Coffee Cup.....2<sup>nd</sup> Place – Coffee Cup
- Admission: Adults: \$3.00 Students: \$2.00
- Concessions: Food & Drinks will be available in the cafeteria.  
No food or drinks will be allowed in the gym. No smoking on school grounds.
- Questions: Contact Crystal Learn, call/text 585-319-8342 ~ email at cryl@frontiernet.net  
or Jeff Bugman call/text 585-739-9139

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Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Weight: \_\_\_\_\_ Division: \_\_\_\_\_ School/Club \_\_\_\_\_

In consideration of your acceptance of my entry, I hereby release the Nunda Youth Wrestling Club, Keshequa Central Schools, Livingston County School Districts and the officials of this tournament from any claims, liabilities of right for damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from and/or participating in the Nunda Youth Wrestling Club Tournament. I have my own insurance.

Signature of Wrestler: \_\_\_\_\_ Date: \_\_\_\_\_