31st Annual Brockport Youth Wrestling Tournament

This is an AAU Tournament

(Must have a current AAU card NO cards can be purchased at time of tournament)

DATE: Saturday, March 12th, 2011

PLACE: Brockport Oliver Middle School 40 Allen st. Brockport, NY

COST: \$20.00 per wrestler

FORMAT: Round Robin; high school rules

ELIGIBILITY:

- 1. Wrestlers must have permission in writing;
- 2. Wrestlers must meet age as of March 12th, 2011, and;
- 3. No 9th graders regardless of age. No Varsity or J.V. wrestlers.

AWARDS: Trophies for 1st, 2nd and 3rd place; Medals for 4th and 5th place

FOOD: The Wrestling Boosters will be setting up a snack stand with refreshments.

WEIGH-INS: Friday night (03/11/2011) - 7:00 p.m. to 8:00 p.m. and Saturday morning (03/12/2011) - 7:00 a.m. to 8:30 a.m. All weigh-ins are in theOliver Middle School Gym. No weigh-ins allowed after 8:30 a.m. on Saturday. Wrestlers will weigh-in only once. (They can't weigh-in and then try to loose weight to get into a lower weight.)

Wrestling will start at approximately 9:30 A.M.

WEIGHT CLASSES AND AGE DIVISIONS: (5 & 6), Pre- Midgets (7 & 8), Midgets (9 & 10), Intermediates (11 & 12), Juniors (13 & 14)

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

Any questions or concerns please call either: Dave Schickler – 585-637-3862

Pete Unterborn – 585-964-5002 or punterbo@rochester.rr.com

PREREGISTER BY MARCH 10_{TH}, 2011 BY SENDING COMPLETED FORM AND ENTRY FEE TO:

Dave Schickler 13 Woodstock Lane Brockport, New York 14420

Space is limited to the first 300 wrestlers. Walk-ins will be allowed but only up to the 300 wrestler limit. All wrestlers MUST weigh in at the times stated above. NO honor weigh-ins. Entry blank must be completed and signed before a wrestler will be allowed to compete. **PLEASE PRINT**	
Address:	Phone:
Age: Date of Birth: mm/dd/y	yy//_ Coach:
AAU Card #:	estling Club from any and all claims regarding injury or illne

Parent's Name (Printed) Parent's Signature

that may be caused in conjunction with this event.

^{**}MAKE CHECKS PAYABLE TO "BROCKPORT WRESTLING CLUB"**