

**MIDDLE ATLANTIC  
WRESTLING ASSOCIATION**



**Preliminary District  
Tournament**

Tournament Director: Dominick Scolaro  
Address: Box 26 Coopers Plains, New York 14827 Home Ph.: 607 527 8464  
Place: Campbell Savona High School

**DATES:** March 12th, 2011

**TIMES:** Wrestling will begin at 9:30am

**WEIGH-INS:** March 11th 6:00- 8:00pm **MUST BE IN A SINGLET** (the seeding meeting will be Friday night )  
March 12<sup>th</sup> 7:00 to 8:30 am ( you must have application in by the 11<sup>th</sup> )

Your application must be in by March 11<sup>th</sup> to weigh in on the 12<sup>th</sup>  
( If you show up without pre-registration on the 12<sup>th</sup>, it will be a 27\$ fee- you will not be seeded )

**Format:** Double elimination from quarterfinals if less than 400 wrestlers

**WEIGHT CLASSES AND AGES:**

**Bantam Division:** (Born in 2003 and after)

Weights: 40, 44, 48, 52, 56, 60, 65, 73, 93 MAX

**Midget Division:** (Born in 2001 and 2002)

Weights: 50, 54, 58, 62, 66, 70, 75, 80, 85, 93, 105, 134 MAX

**Junior Division:** (Born in 1999 and 2000)

Weights: 58, 62, 66, 70, 74, 78, 82, 86, 91, 98, 108, 120, 140, 166 MAX

**Intermediate Division:** (Born in 1997 and 1998)

Weights: 75, 80, 85, 90, 95, 100, 105, 110, 115, 120, 128, 136, 150, 175, 220 MAX

**Advanced Division:** (Born in 1995 and 1996)

Weights: 93, 100, 105, 110, 115, 120, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285 MAX

**Elite Division:** (Born in 1993 and 1994)

Weights: 108, 117, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285 MAX

**Open Division:** Born before 1993

Weights: 125, 135, 142, 150, 158, 167, 177, 190, 215, 295 MAX

EVERYONE MUST COMPETE IN THEIR OWN WEIGHT DIVISION EXCEPT those who exceed the MAXIMUM WT.

**LENGTH OF BOUTS:** Intermediate, Advanced, Elite, & Open: Three 1 1/2 minute periods; All Others three 1 minute periods; Overtime-Sudden Death: **One- 1 minute period followed by a 30 second ride out period if necessary.**

**WRESTLING RULES** NYSPHSAA Modified rules; NYS officials will be used. **EVERYONE** must have **PROOF OF AGE** if challenged; **INCLUDING** the **PERSON ISSUING** the challenge. **IMPORTANT:** Once you have qualified for the **REGIONAL TOURNAMENT** you **MAY NOT** enter another **DISTRICT TOURNAMENT**. **ANYONE WHO DOES WILL BE DISQUALIFIED FROM ADVANCING TO THE REGIONALS.** Any entrant who falsifies information on an application to enter a district or regional MAWA tournament will be subject to a one-year suspension from the program, effective immediately upon discovery.

**AWARDS:** Medals will be given to the top three finishers in each weight class. Ribbons for 4th place.

**UNIFORMS:** One-piece singlets are **REQUIRED**. No T-shirts and no striped socks will be permitted.

**ENTRY FEE:** \$18.00 **MUST ACCOMPANY THIS APPLICATION**

**DEADLINE FOR EARLY ENTRIES:** DO NOT mail your application after March 7th 2011 Bring it with you. Late Entry Fee Friday will be \$20.00 Bring cash Friday no personal checks will not be accepted. **Returned checks for insufficient funds will require a \$20 service charge.** Make check payable to CSWC and mail to Dom Scolaro, cswc Tournament Director. Box 26 Coopers Plains NY 14827.

**SPECTATOR ADMISSION:** Adults - \$ 7.00 and Students \$ 3.00for each day. Children not in school yet are free.

**\*\* HOT FOOD AND SNACKS WILL BE AVAILABLE THROUGHOUT \*\***

**\*\* WRESTLING EQUIPMENT WILL BE ON SALE THROUGHOUT THE TOURNAMENT \*\***

The top **THREE** place winners in this tournament will advance to the **Northern Regional Tournament** to be held on **April 2 and 3** at Shamokin High School, Coal Township, PA including Open Division. There will be a **\$10.00 advancement fee** to be collected at the District tournament. **Fourth place is an alternate.**

The top **FOUR** place winners in the Regional Tournament advance to the Middle Atlantic Wrestling Association's Eastern National Championships on **April 30th & May 1st** at Wicomico Civic Center, Salisbury, MD including Open Division. There will be a **\$10.00 advancement fee** to be collected at the Regional Tournament. Fifth and sixth places are alternates.

APPLICATION IS ON THE REVERSE SIDE OF THIS FORM  
THIS MAWA SCHOLASTIC STYLE TOURNAMENT IS NOT AFFILIATED WITH THE A.A.U.  
NO A.A.U. CARD IS REQUIRED TO PARTICIPATE IN THIS PROGRAM

\_\_VISIT THE MAWA WEBSITE - mawawrestling.com

- \* Weight **MUST BE** completed. If not, the application will be rejected! \* \* \*

Wt. \_\_\_\_\_ Div. \_\_\_\_\_ \* You MAY change weights at Fridays weigh ins but not Saturday

***You can not change weight classes on the 12<sup>th</sup>***

Name \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Code: ( \_\_\_\_\_ ) Phone#: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Past Honors: \_\_\_\_\_

Name of School District or College: \_\_\_\_\_

I hereby give this child permission to wrestle in the 2011 Middle Atlantic Wrestling Association Championships and release all sponsoring bodies, their officers, tournament officials, committees and referees from all liability. Furthermore, I agree that both myself and my child's coach will be held responsible for our own and the wrestler's conduct while attending this event. I am also aware that verbal or physical child abuse or neglect will or may be reported to proper authorities if witnessed by tournament officials and could lead to disqualification of the wrestler and possible lawful investigation beyond our borders.

Parent's Signature: \_\_\_\_\_ Contestant's Signature: \_\_\_\_\_

Return entry form with \$18.00 Mail entry fee to: Dom Scolaro Tournament Director Box 26 Coopers Plains NY 14827.

**Make check payable to: CSWC. Deadline for early entry is March 7th, 2011.** (Late Entry Fee will be \$20.00 Friday night )