

32nd Annual Brockport Youth Wrestling Tournament

DATE: Saturday, March 17th, 2012

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 17th, 2012, 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 (03/16/2012) - 7:00 p.m. to 8:00 p.m. and Saturday morning (03/17/2012) - 7:00 a.m. to 8:30 a.m. All weigh-ins are in the Oliver 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 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 15TH, 2012 BY SENDING COMPLETED FORM AND ENTRY FEE TO:

Dave Schickler
13 Woodstock Lane
Brockport, New York 14420

1. Space is limited to the first 300 wrestlers. Walk-ins will be allowed but only up to the 300 wrestler limit.
2. 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****

Wrestler's Name: _____ School District: _____

Address: _____ Phone: _____

Age: _____ Date of Birth: mm/dd/yy ___/___/___ Coach: _____

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

Parent's Name (Printed) Parent's Signature

****MAKE CHECKS PAYABLE TO "BROCKPORT WRESTLING CLUB"*****