



Section 5



Section 6

NYWAY REGIONAL YOUTH CHAMPIONSHIPS

This is an NYWAY tournament. Wrestlers must have a current NYWAY card. No cards can be purchased at the time of the tournament. Register for your card at www.NYWAY.org

DATE : Sunday March, 11th, 2012

WHERE : Lockport High School, 250 Lincoln Avenue Lockport, New York 14094

REGISTRATION : This is a **PRE-REGISTERED** tournament only.

ENTRY FEE : \$20.00 per wrestler, checks made payable to "LOCKPORT KIDS CLUB". Checks must accompany registration form by **MONDAY MARCH 5th, 2012**

MAIL ENTRIES TO: Gerry Kapuscinski - 5506 HALLMARK LANE - LOCKPORT N.Y. 14094

THIS IS A SPLIT SESSION TOURNAMENT

Time: Session 1 Divisions 1, 2, &3 Weigh-Ins 7:00 - 8:00 am, Wrestling begins at 9:00 a.m.

Session 2 Divisions 4 & 5 Weigh-Ins 7:00 - 8:00 a.m. ,11:00 a.m. - 12:00 wrestling begins at 1:00 p.m.
(SATURDAY NIGHT WEIGH-INS WILL BE AVAILABLE FOR ALL GROUPS 6:00-7:00 p.m.)

Age Groups &Weight Classes:

Division 1 Birth year 2007- 2006 - 2005: under 37,40,45,50,55,60,65,75,HWT (max 95)

Division 2 Birth year 2004-2003: - under 45,50,55,60,65,70,75,80,88,100,HWT (max 120)

Division 3 Birth year 2002-2001: - under 55,60,65,70,75,80,85,90,95,100,110,125,140,HWT (max 160)

Division 4 Birth year 2000-1999: - under 65,70,75,80,85,90,95,100,106,113,120,130,140,150,160,175,HWT (max 195)

Division 5 Birth year 1998-1997: - under 80,85,91,98,105,112,120,130,140,150,160,172,185,HWT (max 220).

RULES & NOTES : N.Y.S high school rules, periods - Divisions 1, 2, & 3 (1-1-1) Divisions 4 & 5 (1:30-1:30-1:30), 1 minute sudden victory O.T

AWARDS : First place Champion Hoodie, Sculpture, Western Region T-shirt. Second thru Fourth, Medals and Western Region T-shirt. 1st thru 4th advance to the NYWAY State Championships on March 24,2012 at Cornell University - Ithaca NY.

ADMISSION : Adults \$2.00, Students \$1.00, under 6 - free

WEBSITE : www.lockportkidsclub.co.cc/ - for updates and entry confirmation

NYS Certified
Referees

Name: _____ Division: _____ Weight Class: _____ Age: _____

Address: _____ City: _____ Section: _____

Phone: () _____ - _____ Date of Birth ___/___/___ NYWAY# _____

School/Club _____ Email _____

WRESTLER SIGNATURE _____ PARENT/GUARDIAN _____

CONTACT : Gerry Kapuscinski (716)-434-9476 or Kevin Lucinski (716)-523-8177

