LOCKPORT KIDS CLUB YOUTH WRESTLING TOURNAMENT

Sunday January 13th, 2013

**** Gene Mills and Tournament of Champions Qualifier*****

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

8 Full Mats

Lockport High School, 250 Lincoln Ave. Lockport N.Y. 14094

PARENT/GUARDIAN SIGNATURE

This is a Pre-Registered tournament only, open to the first 400 wrestlers.

Site:

Registration:

Entry Fee:	\$20.00 per wrestler, checks made payable to "Lockport Kids Club"				
	Checks must accompany registra	· · · · · · · · · · · · · · · · · · ·		3.	
Mail Entries:	Gerry Kapuscinski - 5506 Hallmark Lane - Lockport N.Y. 14094				
Contacts:	Gerry Kapuscinski (716)-434-9476				
Time:	Check in and Weigh-ins 7:00 AM - 8:30 AM Wrestling is scheduled to begin by 9:30 AM (Last year we started @ 9:45 AM and finished by 3:00 PM)				
Divisions	-				
Divisions:	Age as of January 13th, 2013 6U: 37, 40, 45, 50, 55, 60, 65, HWT (max 85) 7&8: 45, 50, 55, 60, 65, 70, 75, 80, 85, 95, HWT (Max 115)				
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9&10 : 55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 115, 125, HWT (Max 145) 11&12 : 65, 70, 75, 80, 85, 90, 95, 100, 110, 120, 130, 140, 150, HWT (Max170)					
We reserve the right to combine weight classes Rules: N.Y.S high school modified, N.Y.S certified referee, Periods: 10 and under (1-1-1) 11-14 year					
Rules.	1:30-1:30)	certified referee, refic	us. 10 and un	dei (1-1-1) 11-14 year olus(1.30-	
Awards:	Dog tags to each wrestler, Huge 2	26 inch trophy and char	npion t-shirt f	for 1st, nice trophies for 2nd and	
	3rd. Team trophies for 1st, 2nd, a	and 3rd.			
Admission:	Adults~\$2.00, Students~\$1.00, U	nder 5~free			
Website:	www.lockportkidsclub.co.cc for updates and entry confirmation				
	iccess of past tournaments we a d our max to 400 this year so ple	•			
ирре	u our mux to 400 triis year so pie	ease enter early. You t	io not want	to miss this tournament.	
	Please fill out E	Entry Form completely	and accurate	ly	
Name			_Age	Weight	
Address					
City			State	Zip	
Phone		Date of Birth _			
School/Club _		NYWAY #			
DIRECTORS, REFERE	t if I accept to participate in the LOCKPORT KID : ES, LOCKPORT KIDS CLUB, OR LOCKPORT HIGH S m or competing in the tournament.				
WRESTLER SIG	SNATURE		DATE		

DATE