

Alden Youth Wrestling Club**5th Annual Wrestling Tournament****Sunday MARCH 4TH, 2007****Section 5&6 - High School Officials********Gene Mills AAU Eastern Nationals Qualifier********BULLDOG BRAWL FOR THE BELT****All first place winners receive a Championship Belt****Where: Alden Central High School 13190 Park Street Alden, NY 14004 (DO NOT MAIL TO THIS ADDRESS), Entry Fee:\$ 18.00 Admission: \$2 Adults****Weigh INS: Honor Weights accepted with weight verification on day of the tournament. Must be within 2lbs of registered weight or be scratched from Tournament. Sorry **NO REFUNDS!!******Registration: **PRE-REGISTRATION for first 350 applicants.** Must have pre-registration by 3/2/07****On-Line Registration @ aldenyouthwrestling.org (Forms)****Call Paul 716-725-2306 or Denise 716-597-6488 or 937-6248-. E-MAIL: phutch86@yahoo.com****Postal Address-1669 Lindan Ave, Alden NY 14004. Walk-ins only if there is an open spot in a bracket.****Check in Time/Weight Verification: 7am – 8:15am. Wrestling will start promptly at 9:30am.****Awards: Belts for first, Medals for 2nd, 3rd. Team trophies for 1st, 2nd and 3rd.****JV/Varsity wrestlers cannot be used for team points****Regulation: 3- One minute periods****Age Division****Age (day of tournament)****Weight Classes**

Pee Wee

6 and under

35-40-45-50-55-60-hwt

Bantam

7 & 8

45-50-55-60-65-70-75-85-hwt

Midget

9 & 10

50-55-60-65-70-75-80-85-90-95-105-hwt

Junior

11 & 12

60-65-70-75-80-85-90-95-100-105-110-115-120-125-130-hwt

School Boy

13 & 14

70-75-80-85-90-95-100-105-110-115-120-125-130-135-hwt

(JV and Varsity wrestling experience WELCOME)**Refreshments: Hot food and snacks will be available All day.****Name: _____ Birth Date: _____ Club: _____****Division: _____ Honor Weight: _____****Address: _____****City: _____ State: _____ Zip: _____****Phone Number: _____ AAU#: _____**

In consideration of this entry being accepted, I herby release the Alden Kids Wrestling Club, Alden Central School District, The Town of Alden, Coaches and Tournament Officials, from any and all claims, liabilities and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Alden Kids Youth Wrestling Tournament. I take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/insurance policy.

Parents Signature: _____**Date: _____****Wrestlers Signature: _____****Date: _____**