

N.W.A.A. YOUTH WRESTLING TOURNAMENT

Sunday, March 1st

****OHIO TOURNAMENT OF CHAMPIONS and GENE MILLS QUALIFIER****

PLACE: NIAGARA WHEATFIELD HIGH SCHOOL
2292 SAUNDERS SETTLEMENT, SANBORN, NY 14132

CONTACT: Bill Ploetz wploetz@roadrunner.com H-(716) 298-4202 C-(716) 523-9059

WEIGH-INS: **SUNDAY, March 1, 2008 7:00-8:30** (No PreReg or Honor Weigh-ins)
WRESTLING BEGINS AT 10:00 AM

ENTRY FEE: \$17.00 (No Personal Checks Accepted)

DIVISIONS: BY BIRTH YEAR

FEATHER	2003 OR AFTER	JUNIOR	1997 – 1998
BANTAM	2001 – 2002	SCHOOLBOY	1995 – 1996
MIDGET	1999 – 2000	CADET	1993 – 1994

RULES: **AAU Registration Required – Available at Event**

- This event is sanctioned by the Amateur Athletic Union of the U.S., Inc
- All participants must have a current AAU membership.
- AAU membership is not included as part of the entry fee to the event.
- AAU membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connect. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.

N.Y.S. (MODIFIED HIGH SCHOOL)

DOUBLE ELIMINATION 8 wrestlers per bracket when possible.

BOUT LENGTH 2- 1 1/2 min periods for F, B, M, J

2-2min periods SB and C

HEADGEAR AND UNIFORMS PREFERRED BUT NOT MANDATORY

AWARDS: **Trophies for 1st, 2nd and 3rd places! Medals for 4th place.**
Team Trophies for 1st, 2nd and 3rd place,

FOOD: BREAKFAST, LUNCH, SNACKS AND DRINKS WILL BE AVAILABLE
(No Food or Drink in the GYM)

NAME: _____ CLUB: _____

ADDRESS: _____ AAU#: _____

CITY: _____ STATE: _____ ZIP: _____ DOB: _____ AGE: _____

PHONE: _____ DIVISION: _____

IN CONSIDERATION OF YOUR ACCEPTANCE OF MY ENTRY, I HEARBY RELEASE THE NIAGARA WHEATFIELD AMATEUR ATHLETIC ORGANIZATION, BOOSTER CLUB, NIAGARA WHEATFIELD SCHOOL DISTRICT, AND THE TOURNAMENT OFFICIALS FROM ANY AND ALL CLAIMS, LIABILITIES, AND/OR LOSSES BY ME DIRECTLY OR INDIRECTLY IN TRAINING FOR, TRAVELING FOR, TRAVELING TO OR FROM, AND/OR PARTICIPATING IN THE NIAGARA WHEATFIELD AMATEUR ATHLETIC ORGANIZATION WRESTLING TOURNAMENT. I HAVE INSURANCE COVER FOR THE WRESTLER.

WRESTLER SIGNATURE: _____

PARENT / LEGAL GUARDIAN: _____ **DATE:** _____

DIVISION: F B M J SB C

DRAW# _____

WEIGHT _____