## 35th Annual Canisteo Wrestling Club Round Robin Tournament

| Date:   | Sunday, January 17, 2016  First 400 Entries   |  |
|---|---|--|
| Format:   | 5 or 6 man round robin when possible  |  |
| Location:   | Canisteo-Greenwood Elementary School, 114 Greenwood Street, Canisteo, NY 14823  |  |
|   |   |  |
| Entry Fee:  | \$25.00 Registration Fee (Make checks payable to: Canisteo Wrestling Club or C.W.C)   |  |
|   | Money is due at Pre-Registration. No Walk-ins. Send Registration and checks to:   |  |
|   | CWC, Inc., PO Box 51, Canisteo, NY 14823 – Must be received by January 14th, 2016.  |  |
| Time:   | Wrestling Starts at 9 AM sharp Check In: 7:00-8:00 AM   |  |
| Weigh Ins:  | Honor weigh ins except for NY Top 100 entries, Sat Jan 16 <sup>th</sup> 5:00-7:00 PM & Sun Jan 17 <sup>th</sup>   |  |
|   | 6:30- 8:00 AM (Weigh ins for NY Top 100 entries only)   |  |
| Rules:  | NYS High School Rules Modified Bout Length (1 min1 min1 min.) for Divisions I-IV  |  |
|   | Bout Length for Division V will be (1½ min1½ min1½ min.)  |  |
| Divisions:  | All ages as of day of the tournament. 1/17/16   |  |
|   | . 6&Under II. 7 & 8 III. 9 & 10 IV. 11 & 12 V. 13 & 14  |  |
| Coaches must verify weight and experience. If weight is challenged, wrestler must be within 2 pounds of weight listed on registration form, or be disqualified from tournament. Weight must be challenged before 2 <sup>nd</sup> round. Tournament Director reserves the right to combine weight classes. Wrestlers may wrestle in more than one division, but will be required to register for both divisions. NYS Certified Referees. |   |  |
|   | Modified and JV Welcome! No Varsity experience.   |  |
|   | Trophies for 1st, 2nd, 3rd, 4th - CHAMPIONS T-SHIRTS Team Trophies for 1st, 2nd, 3rd and 4th (Ten wrestlers per team) Kitchen will be open throughout the day.  ** NO FOOD OR DRINK WILL BE ALLOWED IN THE GYM!** Adults: \$3.00 Students: \$2.00 Senior Citizens: Free Contact: Phil Stewart @ (607-382-1724) or Geoff Havens @ (607-590-1789) Email: CANISTEOWRESTLINGCLUB@HOTMAIL.COM 50 dollar return check fee |  |
| Name:   | Birthdate: Age: Exact Weight:   |  |
| School / Club:  | Phone: Division:  |  |
|   | not years wrestled). Circle which applies:  |  |
| (1=Beginner a<br>2014/2015 red  | nd 5=Very experienced/wins most matches) 1 2 3 4 5  |  |
| I would like to compete in the NY Top 100 rankings: Yes No (please circle)  NY Top 100 competing weight class (increments of 5lbs), wrestler must be at or under this weight:   |   |  |
| In consideration of your acceptance of my entry, I hereby release the Canisteo Wrestling Club, Canisteo-Greenwood Central Schools, Steuben County School Districts, and the officials of this tournament from any responsibility or liability for any injury, accidental or otherwise.  |   |  |

Signature of Wrestler: \_\_\_\_\_\_\_Date:\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_