

# GENEVA YOUTH WRESTLING TOURNAMENT



**Date:** Sunday January 29, 2017

**Where:** Geneva High School – 101 Carter Rd. Geneva NY 14456

**Entry:** 25.00 per wrestler – Please make checks payable to Geneva Youth Wrestling

Send registration and checks to: Nick Mateo 71 Sherrill St, Geneva NY 14456 OR email registration to [mtrunzo301@hotmail.com](mailto:mtrunzo301@hotmail.com) and pay at the door!(PLEASE BRING REGISTRATION WITH YOU)

\*\*\*\*MUST BE RECEIVED BY THURSDAY JANUARY 26, 2017 BY 8PM \*\*\*\*

**\*\*35.00 returned check fee\*\***

**Weigh Ins:** All wrestlers must weigh in, weigh ins from 7:30 – 8:45 am – Wrestling to begin by 10:00! **NO VARSITY OR JV EXPERIENCE**

**Rules:** 3 ONE MIN PERIODS, 1:00 min tie breaker if needed

**\*\*NYS CERTIFIED REFEREES\*\***

**Admission:** \$3.00 for adults, kids- free

FOOD AND DRINKS WILL BE SERVED ALL DAY!!

**ANY QUESTIONS CALL NICK MATEO @ 315-719-5661 OR EMAIL [MTRUNZO301@HOTMAIL.COM](mailto:MTRUNZO301@HOTMAIL.COM)**

Club/School: \_\_\_\_\_

Wrestler Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PHONE NUMBER : \_\_\_\_\_

I agree to let my child participate in the Geneva Youth Wrestling Tournament. I understand AND agree that Geneva Youth Wrestling and Geneva High School will in NO way be held liable for any injury received during, and to and from the tournament.

Parent Signature : \_\_\_\_\_

