

**5TH Annual Bolivar-Richburg Jr. Wrestling Club Youth Wrestling Tournament**  
**5-MAN ROUND ROBIN**  
**February 26 2011**

**Registration:**

**PRE-REGISTRATION REQUIRED BY SAT. FEB. 19**

PAYMENT REQUIRED WITH REGISTRATION FORM. FIRST 300 WRESTLERS. NO WALK-INS.

\*\*\*\*Ohio Tournament of Champions Qualifier\*\*\*\*

\*\*\*\*Gene Mills Qualifier\*\*\*\*

5 man round robin when possible

**Place:**

Bolivar Richburg High School- 100 School Street Bolivar, New York

Doors open 7:00 a.m. wrestlers must arrive by 8:00 to check-in & remain on bracket

**Entry Fee:**

\$15.00 per wrestler must be received by Saturday, February 19th. NO REFUNDS

Make checks payable to Bolivar-Richburg Youth Wrestling Club \$20 charge on returned checks

Wrestler may enter more than one age or weight group with registration fee for each entry.

There will be no rest period granted if wrestler enters more than one bracket.

**Mail to: Tanya Bolon PO Box 94 Ceres NY, 14721**

**Weigh-ins:**

7:00 - 8:30 With Coaches and Seeding Meeting Immediately Following (8:45)

All wrestler's must weigh in and have a mandatory skin check.

Wrestling will begin ASAP at the conclusion of the coaches meeting.

Ages 4 to 16 as of February 19, 2011. Proof of age needed if challenged.

Singlets or gym shorts, no long pants.

**Divisions:**

**6 & under...(Max 85)**

**7-8...(Max110)**

**9-10...(Max130)**

**11-12...(Max160)**

**13-14...(Max200)**

**15-16...(Max250)**



Check out all the wrestling action at  
[www.PAWRvideo.com](http://www.PAWRvideo.com)

**Weight groups will be within 5 lbs or 10%**

**Format:**

Three 1 minute periods

NY State High School rules. Referees decisions are final.

**Admission:**

\$3.00 Adults, \$1.00 Students Two coaches per team admitted free.

**Awards:**

1st through 4th place in each bracket.

**Refreshments:**

Available all day. Food will be served in the cafeteria. No food in the Gym.

Any questions contact : **AI Davis @ 585-928-1378**

**Tanya Bolon @ 716-307-7295**

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Entry Form--(Please Print Clearly)

Name	Age	Division	Weight
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Team Name	Date of Birth	Phone#
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I hereby, for my child and myself release the Bolivar Richburg Wrestling Club, the Bolivar Richburg Central School, the Allegany County School District and all officials of this tournament from any claims, liabilities, or the rights to damages for any injuries or losses suffered by my child or myself directly or indirectly in the training for, traveling to and from, and participation in the Bolivar Richburg Wrestling Tournament. **I HAVE MY OWN INSURANCE.**

SIGNATURE OF LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_