

THE LYNDHURST BRUSH FALL OPEN

Saturday, November 15, 2008

Note: Six full-sized mats will be run all day to make sure this event runs as quickly as possible. There will be a split start time, check the weigh-in and start times below for details. Special Note for Youth Wrestlers: Results of this event will count toward the "Top 20" standings on www.ohiowrestler.com- so be sure that your name is legible on this entry form so it can be sent correctly to Ohio Wrestler.

Tournament Location: Brush High School, 4875 Glenlyn Road, Lyndhurst, Ohio

<u>AGE GROUP</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-IN</u>	<u>START TIME</u>
5-6	40,45,50,55,60,70,Hwt	7:00-9:00 a.m.	10:00 a.m.
7-8	45,50,55,60,65,70,75,85,Hwt	7:00-9:00 a.m.	10:00 a.m.
9-10	55,60,65,70,75,80,86,93,100,115,Hwt	7:00-12:00 p.m.	1:30 p.m.
11-12	65,70,75,80,85,92,100,110,125,140, Hwt	7:00-9:00 a.m.	10:00 a.m.
13-14	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt	7:00-9:00 a.m.	10:00 a.m.
15-19 (no grads!)	103,112,119,125,130,135,140,145,152,160,171,189,215,285	7:00-12:00 p.m.	1:30 p.m.
Masters (19 and up)	133,149,165,184,215,285	7:00-9:00 a.m.	10:00 a.m.

Awards: 12 and under: Top Three Place Finishers Receive Trophies: 13-14, 15-19, and Masters age group: Top Three place finishers receive medals.

Entry Fee: \$20, at the time of weigh-ins. No pre-registrations.

Rules: Modified Scholastic Rules will be used for all divisions. Tournament will be double elimination. Sudden death overtime will be used in case of a tie. Tournament Director reserves the right to combine weight classes upon need.

Contact Information: Adam Swirsky: 440-724-8341 Email: Swirsky@Sel.k12.oh.us

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Brush Wrestling Team, Brush High School, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CLUB or SCHOOL _____

AGE GROUP _____ 2007-2008 RECORD (IF KNOWN) _____

BIRTHDATE _____

Age Group Classification: A wrestler's age on November 15th will determine his or her age group.

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____

