

2nd ANNUAL MAPLETON SCHOOLS WRESTLING TOURNAMENT

SUNDAY, March 28, 2010

- WHERE:** Mapleton High School Gymnasium
635 County Road 801 Ashland, Ohio 44805-Do not send entry forms to this address
- ENTRY FEE:** \$15.00 per weight class if pre-registered , \$20.00 at Door.
- WEIGH INS:** Coaches can call in weights (419)-368-5606 (Ray Kowatch tournament director) or email me at dbzdurb@neo.rr.com by 7:00 pm Wednesday , March 24TH.
- ADMISSION:** \$4.00/adults \$2.00/students \$6.00/family
- RULES:** Modified three one-minute periods, all neutral position, double elimination, twelve point tech fall. Sudden victory OT in case of tie.
Maximum of 8 in a weight class, 5 or less will be round robin. Tournament director reserves the right to combine weight classes. The top four in each weight class will receive medals, champions will also receive championship T-Shirt.

DIVISIONS AND AGES

Check in & Start Times

Div. 1	4-6 years old	40,45,50,55,60,70,HWT	-----7-8:15 am, start 9:00 am
Div. 2	7-8 years old	45,50,55,60,65,70,75,85,HWT	-----7-8:15 am, start 9:00 am
Div. 3	9-10 years old	55,60,65,70,75,80,86,93,100,115,HWT	-----7-10:15 am, start 11:00 am
Div. 4	11-12 years old	65,70,75,80,85,90,95,100,110,125,140,HWT	-----7-10:15 am, start 11:00 am
Div. 5	13-14 years old	80,85,90,95,100,110,115,125,130,135,145,160,180,HWT	-----7-12:45, start 1:30 pm
Div. 6	15-17 years old	100,110,115,120,125,130,135,140,145,155,165,175,185,HWT	-----7-12:45, start 1:30 pm

Birth certificate is required with a contested wrestler. Hot and cold food available all day!

Make all checks payable to: Mountie Youth Wrestling Team

Mail entries & checks to: MYWT 120 West Congress St., Polk, Ohio 44866

2nd Annual Mapleton Schools Entry Form, Entry Fee Must Accompany Registration Form

Name _____ **Address** _____

Phone _____ **Birthdate** _____ **Club/School** _____

In consideration of your acceptance of my entry, I waiver and release myself, my heirs, executors and administrators of any and all rights, and claims for damages, against the Mapleton Local Schools, Mapleton Board of Education, their representatives, members of the Mountie Youth Wrestling Team, all tournament officials/coaches, and workers. I further waiver and release myself and children from any and all injuries, suffered by me or children at this tournament, or traveling to or from this tournament.

Parent/Guardian Signature

Date

Wrestler Signature

Division _____ **Age** _____ **Weight Class** _____ **2009-2010 Record (if known)** _____

(Tournament use only) **Paid** _____