

WAYNE TRACE WRESTLING TOURNAMENT

Tournament Director - George Clemens, Jr.

WAYNE TRACE HIGH SCHOOL, St.Rt. 127 Havilland, Ohio 45851

Saturday, March 28th, 2015. STARTING TIME 10:00 a.m. SHARP

Entry Fee \$15.00 if postmarked by March 19th, \$20.00 there after

There are no registration or weigh ins on Friday or Saturday.

HOW DO I ENTER TOURNAMENT: Fill out entry, list actual weight & mail. Once received, you are ENTERED.

Tournament director will have the right to challenge actual weights listed . THERE WILL BE NO ENTRIES ACCEPTED AFTER MARCH 23rd . This tournament is open to the first 450 entries received. Get entries in EARLY!!!!

Sending an e-mail will not register you, all registration must be mailed, unless on a coach's roster. Coach's rosters will be accepted via email, until 12 Noon Thursday 03/26/15 GET ENTRIES IN EARLY!!!!!! We Fill up every year!!!!!!!!!!!!

HOW DOES A TEAM COMPETE: The coach of a team or club will submit a team roster on Saturday morning, no later than 10:00 am, listing only up to twenty of his best registered wrestlers. (all from the same club)No mixing of club Rosters.

RULES: Modified high school rules, Double elimination, Two 1& ½ Minute periods, No Referee's position, 12 point tech Fall Sudden death overtime. Trophies will be awarded:To top 4 in Div 0-3, Medals to Top 4 for Div 4-6 Team Trophy: 1st, 2nd, 3rd 4th

Breakfast will be served, also hot food all day. Tournament **FOR INFORMATION CONTACT George Clemens III at (419)**

506-0062 E-Mails can be sent to antpd@mchsi.com

DIVISION	AGE	WEIGHTS
0	7&under	40-45-50-55-60-67-HWT
1	8&9	50-57-64-71-78-85-95-HWT
2	10&11	60-67-74-81-88-95-102-109-120-130-HWT
3	12&13	77-85-93-101-109-117-125-133-141-HW
4	14&15	86-95-103-112-120-128-136-144-152-160-171-185-HWT
5	16-18	108-115-125-135-145-155-170-189- 215-230-HWT
6	Open	145-153-165-177-195 -225-HWT

Proof of Age required as of March 28th, 2015. Tournament Director Reserves the right to move Wrestlers up or down.

MAIL EARLY ENTRIES TO: George Clemens box 734 Antwerp, Ohio 45813. Make Checks payable to Wayne Trace Wrestling Club

Do not mail to school!!! PLEASE PRINT & fill out completely. In complete entries will be returned!!!

Name_____ Team Name_____

Address _____ E-mail_____ Birth _____

Date_____ Age_____

City_____ State _____ Zip _____

_____PHONE_____CELL_____

DIVISION_____Weight class_____Actual weight_____

In consideration for acceptance of this application, I hereby waive and release for myself and my heirs and administrators any and all rights and claims for damage against the WAYNE TRACE WRESTLING CLUB, and WAYNE TRACE HIGH SCHOOL for any and all injuries suffered by me at this tournament.

Please indicate wrestling skill, excellent_____good_____beginner_____

Parent Signature_____Date_____

Athlete Signature_____ Date _____

This Event is an Ohio tournament of Champions Qualifier!!!!