11th Annual

Jeremy Ammons Memorial Youth Wrestling Tournament

New: Team Competition!!!!

Sunday, January 17th, 2016

				Milaule Sc				
		650	6 State Route 2	229, Marengo,	, ОН 43334			
Ages/Weights			/Vie	3	4. 34 ~			
	Division 1	6-under			ermined day of to	urnament.		
	Division 2	7 – 8		8, 61, 65, 70, 75		IXX/II		
	Division 3	9 - 10			5, 95, 110, 130, H			
	Division 4	11 - 13*	- A		00, 110, 120, 130	, 140, HW I		
			combine weigh			1.		
N			12 when this sc	hool year began	n.	//\		
_	: All divisions will have 3, 1:30 periods.							
Awards:	Medals for 1 st , 2 nd , 3 rd , and 4th place finishers. Trophies for top 2 teams. Coaches must enter team list							
	Sunday morning before wrestling begins (Up to 15 wrestlers). Team scoring as follows: 1st place							
	finisher = 10 pts, 2 nd place finisher = 5 pts, 3 rd place finisher = 3 pts.							
D 1.4	D 1.6		1 6 H L		1/4 2 PILL	NATATEG 1111	7	
Brackets: Pools for weights with 4 or less. 5 or more will be placed in brackets. 3 FULL MATS will be u								
Start Times: Divisions 1 and 2 start at 10 AM. Divisions 3 and 4 will begin approximately 1:00 pm. The Mi doors open at 9:00 am for those who weighed-in on Saturday to check-in.								
	aoors open a	at 9:00 am for 1	- All Page	34 1		V		
		1		OVE FAST				
Weigh-ins:	Saturday, January 16 th from 11:00-2:00pm, and Sunday, January 17 th from 7:00-8:30am at the middle							
	school. *NO Call-Ins!							
Officials:	THERE WILL BE LICENSED OFFICIALS!!!!							
Rules:	All divisions will have coin flip for choice for the second and third periods. 12 Point Technical Fall. Overtime							
	will be 1 minute period of sudden victory starting in neutral position. If still tied after sudden victory, there will							
	be a 30 second ride out tie breaker.							
Food:	The state of the s							
					ommended, but o	ptional.)		
			ist be shown <u>if</u> a	ige is challenge	d!			
Costs: \$3.00) Students		3459				
			eigh-ins, <u>\$20 for</u>					
					Youth Wrestling	g Tournament)		
Questions: C	ontact Adam C	filmore at: adai	m_gilmore@hls	d.us or call at 61	14-204-0/26.			
		(Retu	rn this portion with En	try Fee)				
		ny entry, I agree to be	legally bound for myse	elf, my heirs, executor		vaive and release the High		
			nd Athletic Booster Clud competing in the Hig			n any and all claims of rig	ht to damages for	
illuries suffered by	me directly of mane	cuy in travelling to an	a competing in the ring	inand Touth wrestim	ig Tournament.			
Name of Athle	ete (Please Pri	nt)	School/Club					
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Address				City		ZIP	_	
Phone		Grade	Age	Birth	n Date/	/		
a: , ez	./C 1:				F :	, ,		
Signature of P	arent/Guardian	<u> </u>			Date	e/		

Weight Class:_

*To be filled out at Weigh Ins: Actual Weight:_____Division:_