## JPWC BORDER BRAWL

Rookie and Open Classifications **Whitmer High School February 12<sup>th</sup>, 2017** 

**DIVISIONS**: Rookie Division is for 1<sup>ST</sup> YEAR wrestler's ONLY! You may enter a second division for \$10.00. \*\*\*Rookie and Open Division begins at 9:00 am

**WRESTLING STARTS** at 9:00am. There will be a parade of wrestler's, and a brief rules meeting at 8:40am, followed by the playing of the National Anthem.

WEIGH-INS Team Rosters and Weights may be called in until Friday, February 11 at 8:00pm Please email team rosters and weights to Bsmitchell1@hotmail.com

\*\*A challenge on any wrestlers weight will be allowed for \$20 (cash only)\*\*

## **AGE DIVISIONS**

ROOKIE	AGES	<b>OPEN</b>	AGES
I	6 & under	I	6 & under
II	7 & 8	II	7 & 8
III	9 & 10	III	9 & 10
IV	11 & 12	IV	11 & 12

<sup>\*</sup>WEIGHT CLASSE<mark>S WILL BE DETERMINED AFTER ALL WEIGHTS A</mark>RE IN\*

**ELIGIBILITY:** Age as of 02-12-2017 will determine a wrestler's division. Each wrestler must have a copy of their birth certificate on hand if challenged. Rookie division will be 4-man round robins.

**REGISTRATION FEE:** \$20.00 Please make checks payable to Whitmer High School.

\$5 OFF/wrestler if tournament entry is in before Feburary 5<sup>th</sup> with 1 team check.

MAIL ENTRIES TO: Derick Stoup @ Whitmer HS-5601 Clegg, Toledo, Ohio 43613

**AWARDS:** Rookie Division – Medals for 1<sup>st</sup> place – 4<sup>th</sup> place.

Open Division – Medals for 1<sup>st</sup> place – 3<sup>rd</sup> place.

Champion will receive a t-shirt with champion on the back!

TEAM TROPHIES FOR OPEN DIVISION –1<sup>ST</sup> - 3<sup>RD</sup> PLACE. TRAVELING TEAM TROPHY FOR OVERALL WINNER FOR THE DAY (ROOKIE AND OPEN COMBINED)!

**ADMISSION:** Adults \$5.00, Students \$3.00, Family \$10.00 (up to 6 family members)

TOURNAMENT RULES: Modified High School Rules.

CONCESSIONS: Food and drink will be available all day COOLERS ARE NOT PERMITTED

	ease contact Derick Stoup @ 419-340-220 be a Coaches Hospitality Room**	of astoup@wis4kias.org
NAME	D.O.BAG	GEDIVISION
ADDRESS	CITYSTA	ATEZIP
CLUB NAME	YEARS EXPERIENCE	WEIGHT
•	I and my legal heirs, executors, and administrated School and the officials or their representative	•

injuries suffered by me directly or indirectly while competing or attending this tournament.

PARENT'S SIGNATURE	DATE
WRESTLER'S SIGNATURE	DATE