KEVIN WEST MEMORIAL WRESTLING TOURNAMENT

Sunday, January 10, 2027

WHERE: Clyde High School
1016 Race Street
Clyde, Ohio 43410

SPONSORED BY: Flier Amateur Wrestling Club

AWARDS: 1st, 2nd, 3rd, and 4th Place Awards in Each Weight Class
Team Trophies for 1st, 2nd, and 3rd Place Teams
Team Points are as follows: 10 - 1st, 7 - 2nd, 4 - 3rd, 2 - 4th
Wrestler must have the TEAM NAME on the form to qualify for team points

CONTACT INFORMATION: KANDY THURN
1950 County Road 264
Clyde, Ohio 43410
(419) 680-2278
E-mail address: **ekthurn@gmail.com**

MAKE CHECKS PAYABLE TO: Flier Amateur Wrestling Club

DIVISION	AGE	WEIGHTS
0	4 and Under	
I	5 & 6 Yrs.	WEIGHT CLASSES TO BE
II	7 & 8 Yrs.	DETERMINED DAY OF
III	9 & 10 Yrs.	TOURNAMENT
IV	11 & 12 Yrs. (No Middle School grade wrestlers)	

BIRTH CERTIFICATES MUST BE PRESENTED IF CHALLENGED

Divisions 0, I and II will wrestle from 9:00 a.m. - 12:00 p.m.

Division III and IV will wrestle from Approx. 12:00 p.m. – finish

Please be present at least 30 minutes prior to your scheduled start time – in the event we can start early

ENTRY FEE: $25.00 Entry Fee For Each Wrestler

WEIGH-INS: No on-site weigh-ins. Random weight checks will occur if challenged.

Call-In Weights via e-mail (ONLY), no later than Friday evening at 8:00 p.m., to Kandy Thurn by Head Coach Only!! *If I do not reply to your e-mail, that means I did not get it. I reply to all e-mails. NO INDIVIDUAL WRESTLER CHECK-INS IF YOU REGISTER WITH A TEAM. Head coaches must have ALL ENTRY FORMS AND MONEY TO BE TURNED IN for each wrestler that a weight was e-mailed to Kandy no later than 8:00 a.m. the morning of wrestling for Divisions 0, I and II and 11:00 p.m. for Divisions III and IV, whether they wrestle or not (we put wrestlers on the bracket sheet per the coaches e-mails; therefore that coach is responsible for that payment). All forms and money are to be turned in as a PACKET to Kandy.

** If you have any questions concerning e-mail weights, please call Kandy Thurn at 419-680-2278 **

ADMISSION: $5.00/Adults, $2.00/Students, $10.00 Maximum per Family (*Family consists of parents and siblings only)

WRESTLING: Begins at 9:00 a.m. using Modified High School Rules Two (2) 1 1/2 Minute Periods

PLEASE PRINT:

NAME: _____ TEAM _____

AGE: _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

In consideration for acceptance of this entry, I hereby waive and release for myself, my heirs, and administrators - all rights and claims for damage against the Clyde-Green Springs School Board of Education, the Clyde Fliers Athletic Boosters Club, Clyde Wrestling Team, Flier Amateur Wrestling Club or their representatives, of any and all injuries suffered by me at this tournament.

DATE _____

PARENTS SIGNATURE _____
