



Coshocton Open Wrestling

An OAC Sectional Tournament

SUNDAY, NOVEMBER 8th, 2015

LOCATION: Coshocton High School, 1205 Cambridge Road, Coshocton, Ohio 43812

ENTRY FEES: \$20.00 Registration \$5.00 General Admission, \$3 Student, \$10 Family
\$15.00 Novice Wrestlers \$10 to enter a Second Division

REGISTER ONLINE or ON SITE To receive District/State Seed points and State Computer Ranking Points you MUST register online at <http://register.ohioathletics.com>

PRE WEIGH-INS: Saturday, Nov 7th from 6:00 pm to 8:00 pm

DIV / Birth Year	Weight Classes	Weigh INs	Start Time
Novice 2009-2010	Novice Divisions are for 1 st or 2 nd year wrestlers, who have started wrestling after 11/2014.	7:00- 9:00 am	10:00 am
Novice 2007-2008		7:00- 9:00 am	10:00 am
Novice 2005-2006		7:00- 9:00 am	10:00 am
Novice 2003-2004		7:00- 9:00 am	10:00 am
D1 2009-2010	Weight Classes will be determined after weigh-ins. No wrestler will wrestle anyone more than 13% heavier without parent or coaches consent.	7:00- 11:00 am	12:00 pm
D2 2007-2008		7:00- 1:00 pm	2:00 pm
D3 2005-2006		7:00- 11:00 am	12:00 pm
D4 2003-2004		7:00- 1:00 pm	2:00 pm
D5 JUNIOR HIGH		7:00- 11:00 am	12:00 pm
D6 HIGH SCHOOL		7:00- 1:00 pm	2:00 pm
D7 OPEN CLASS		7:00- 11:00 am	12:00 pm

FORMAT: 3 periods, 1 minute each, 10 point Tech Fall, All starts and restarts from neutral position
Tournament will be 5/6-man round robins or double elimination, if necessary
Bring Birth Certificate In Case Of A Challenge. **Age group is determined as of 12/31/2015**

CONCESSIONS will be served all day. No coolers, Crockpot's or Carry-ins. Please support our boosters

CONTACT: Jim Bresciani Cell (740)502-5710 EMAIL: CoshoctonWrestling@gmail.com

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Coshocton High School, Coshocton Local Schools, the Ohio Athletic Committee and its officers, tournament officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

NAME: _____ AGE: _____ BIRTH DATE: _____

SCHOOL / CLUB: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

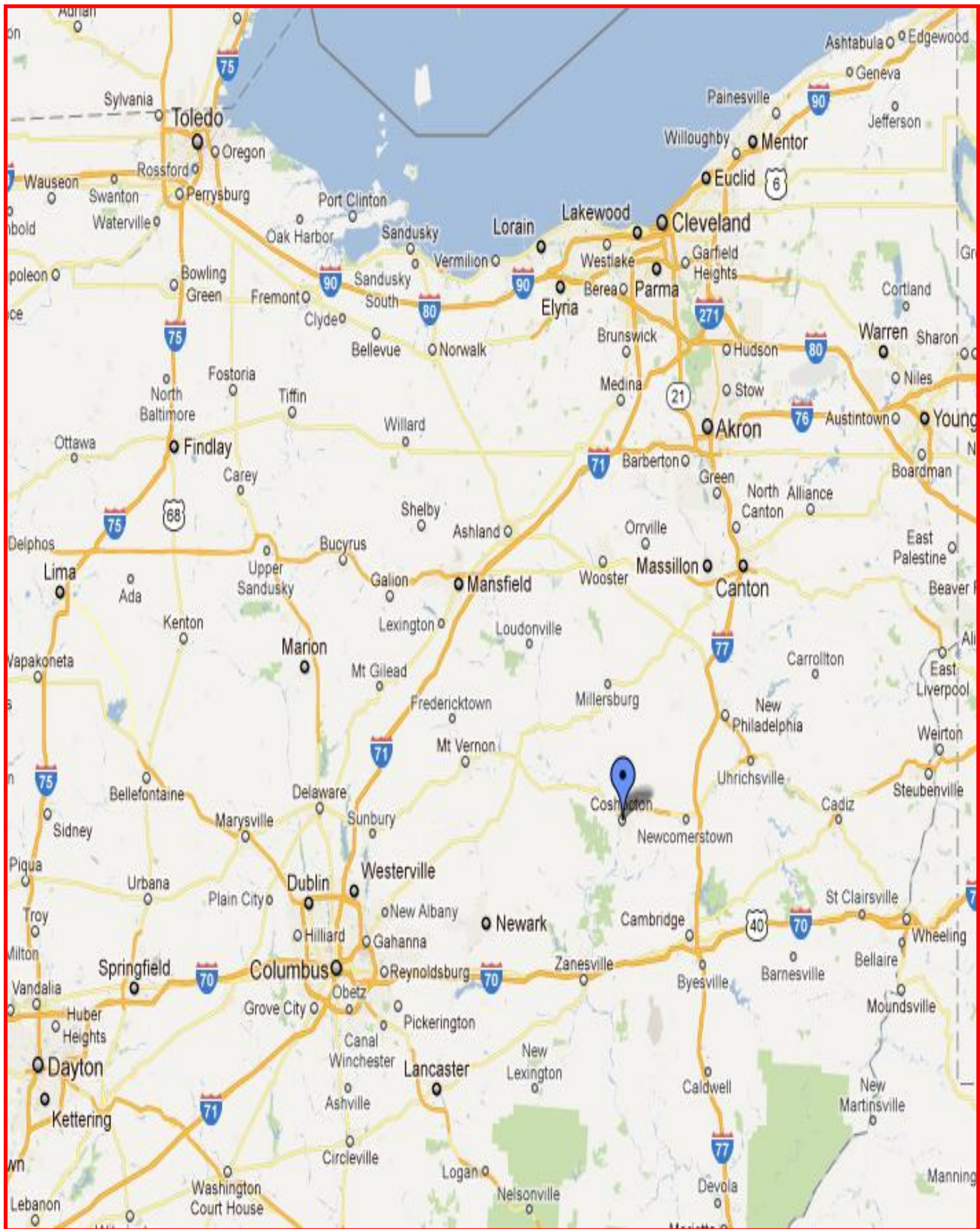
DIVISION: _____ EST WGT _____ WEIGHT CLASS: _____

SIGNATURE OF ATHLETE: _____ DATE: _____

SIGNATURE OF PARENT: _____ DATE: _____

CELL NO. _____

Checks Payable To: **Coshocton Wrestling Boosters**



Coshocton High School, 1205 Cambridge Road, Coshocton, Ohio 43812