

GOLDEN BEAR BIDDY WRESTLING TOURNAMENT

Gibsonburg High School - Gibsonburg, Ohio

December 23, 2023

****Limited to first 300 Wrestlers****

WEIGH-INS: There will be **NO ON SITE WEIGH-INS**. Weights from coaches or wrestling clubs may be faxed or emailed **NO LATER THAN FRIDAY DEC. 22ND @ MIDNIGHT**; contact **Bonnie Mitchell** for more information. Random weight checks may be performed. There will be **NO WEIGH-INS SATURDAY MORNING**. All wrestlers must be checked in by 9:30am.

WRESTLING STARTS at 10:00 am on Sunday. The doors will open at 8:30 am and there will be a rules explanation on the mats at 9:45 am.

AGE DIVISIONS:

Division/Ages

I 6 & under

II 7 & 8

III 9 & 10

IV 11 & 12

Weight classes will be determined by entries received

ELIGIBILITY: Age as of 12/23/2023 will determine a wrestler's division. Each wrestler must have a copy of their birth certificate on hand if challenged. Divisions may be combined to create matches for wrestlers with similar weights

REGISTRATION FEE: \$25.00 ***Please make checks payable to: Gibsonburg Athletic Boosters***

AWARDS: Individual awards will be given to the top 4 place winners in each weight of each division. First place award winners will receive a trophy and 2nd, 3rd, & 4th place winners will receive medals.

TOURNAMENT RULES: All matches will be three one-minute periods. All stopping of action will result in the wrestlers returning to the neutral position. Overtime will be a sudden death/first to score format. Technical falls are 12 points. Division I & II will be warned for locking hands/grasping of clothing before being penalized.

ADMISSION: Adults \$5.00 Students \$3.00 (6 and up) Family \$10.00 – There are NO COACHES PASSES

CONCESSIONS: Food and drink will be available all day; COOLERS ARE NOT ALLOWED.

TO EMAIL ROSTER (include: Wrestler Name/AGE/DOB/Weight) Or for more info SEND TO

****Bonnie Mitchell via email at bsmitchell1@hotmail.com OR fax to 419-729-1883**

NAME _____ AGE _____ (As of 12/23/23) DIVISION _____

ADDRESS _____
Street City State Zip Code

BIRTHDATE _____ EXPERIENCE _____ TEAM AFFILIATION _____

WEIGHT _____

PHONE NUMBER _____ E-MAIL _____

In consideration for acceptance of this entry, I and my legal heirs, executors, and administrators hereby wave and release Gibsonburg Wrestling Club, Gibsonburg High School, Gibsonburg Exempted Village Schools, and the officials or their representatives from any and all claims of damage for injuries suffered by me directly or indirectly while competing or attending this tournament.

PARENT'S SIGNATURE _____ DATE _____

WRESTLER'S SIGNATURE _____ DATE _____