## **Genoa Comet Biddy Wrestling Tournament**



Parent/Guardian Signature

DO NOT FILL Date:

## Genoa High School 2980 N. Genoa Clay Center Rd., Genoa, Ohio 43430





(rescheduled from Jan 23)

Team Entries limited to 20 wrestlers per team. Coaches must submit roster before tournament starts. You do

not h					•	ded into more than one team.  1 TROPHIES	
Start Tim Weigh-Ir	ne:	Division 1&2 10 AM Division 3&4 1 PM  Thursday, February 17, 6-8 PM at Athletic Complex next to HS football field.  Saturday, February 19, 5-7 PM  Sunday, February 20; Division 1&2 7:30-8:30 AM, Division 3&4 7:30-11 AM					
E-mail Weights:		E-mailed weights will only be accepted until Friday, February 18 at 6 PM by Team Coach for wrestlers traveling more than 40 miles and registered on-line. Team Coach is responsible for submitting all fees and forms from wrestlers. Contact the meet director for prior approval and instructions.					
Entry Fee:		\$20; mail check or MO, or pay at weigh-ins.					
Payment:		Checks or Money Orders to: <i>GWC</i>					
Contact:		Dom D'Emilio at GenoaWrestling@gmail.com					
Admission:		\$5.00 Adults, \$3.00 Students, \$12.00 Family					
Food:		Concessions, hot food, breakfast, and beverages will be available. No coolers, crockpots, or carry-ins.					
Γrophies:		Top 4 places for each weight class					
Team Points:		1 <sup>st</sup> - 5 points, 2 <sup>nd</sup> - 3 points, 3 <sup>rd</sup> - 2 points, 4 <sup>th</sup> -1 point					
ound-robi	in format. Sudde	n victory OT with	1 <sup>st</sup> points score	ed wins with no ti	me limit. 12-poin	sition as needed. Double elimination on the difference ends the match. Age and the state of the	
DIVISION BIRTH YEAR 1 2015-LATER 2 2013-2014 3 2011-2012 4 2008-2010  *Weight classes will be established after weigh-ins. We will attempt to place wrestlers in 8-pers brackets or use a round-robin format. Any bracket with two wrestlers will wrestle the best 2 or No wrestler will wrestle anyone more than 13% heavier without parent or coach consent.						npt to place wrestlers in 8-person estlers will wrestle the best 2 out of 3.	
NAME					BIRTHDATE	AGE as of 12/31/21	
ADDRESS _						GRADE	
CITY/STATE/ZIP					CLUB NAME		
E-MAIL				PHONE			
						ms for damage against Genoa Area Schools, GW es suffered by me at this wrestling tournament.	

Payment (cash/check/MO):

DATE\_

Payment \$:

Weight:

Check No: