

ST. WENDELIN MOHAWKS TOURNAMENT

St. Wendelin H.S.

533 N. Countyline St., Fostoria, OH 44830

Saturday, January 30, 2016

Start: 10AM sharp! Rules review at 9:45AM

NO WALK INS and **NO JUNIOR HIGH WRESTLERS**. Limited to first 150 wrestlers.

All wrestlers must check in Saturday morning, registration forms required at that time

Registration via email only....Do not mail to the school

Please email name/age/weight/school or club to:

(Please note new email): swbiddy@gmail.com **1PM on January 29.**

Fee \$15- Checks made out to Mini-Mohawk Wrestling

Teams: Any school with 5 wrestlers or more turned in on a single roster may register for **\$12** per wrestler....coaches should email intent to submit a team by Monday January 25th to ensure a spot is held

Questions? E-mail: swbiddy@gmail.com

Follow us on Twitter for updates and any last minute changes/delays due to weather:



@SWmohawkswrestl

Modified H.S. Rules, two 1 ½ minute periods. All starts from neutral position. 12 point tech fall. Sudden death OT. Round Robin format. Pools will mostly be four wrestlers with pre-assigned bout numbers

REMINDER: All four divisions will start simultaneously at 10:00 AM.

Awards: 1st, 2nd, 3rd and 4th

Weights and ages must be sent in advance. Officials reserve the right to spot check weights for reasonableness. Variances over 3.0 pounds from submitted weight will result in disqualification. If your age is challenged by an official, you will be asked for a birth certificate for proof.

Tournament directors reserve the right to combine age groups and weights as deemed necessary.

Admission: \$5 per adult-Children under 18 are free. Concessions available all day-no coolers allowed.

Div I: Age 6 & under Div II: Ages 7-8 Div III: Ages 9-10 Div IV: Ages 11-12

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 St Wendelin Mohawk Wrestling Team, St Wendelin Schools, 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. No refunds for no-shows.

NAME _____ AGE _____ CLUB or SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ Weight _____

ZIP _____ Phone # _____ E-Mail _____

Signature of Parent _____ Date _____