

The 3rd Annual Penn-Ohio Border Brawl at Sharpsville Open

Presented by OhioQuest Wrestling

Saturday, December 3, 2016

This is an open tournament in which anyone may compete! However, there will also be a team race. The top three teams will be awarded team trophies, including a beautiful 60-inch trophy to the team champions! This tournament contains both an Open Division and a Novice Division (for 1st and 2nd year wrestlers only). We will start on time and run quickly for all sessions!

Tournament Location: Sharpsville High School, 301 Blue Devil Way, Sharpsville, PA.

“ROOKIE” DIVISION TOURNAMENT (FIRST AND SECOND YEAR WRESTLERS)

AGE GROUP	WEIGHT CLASSES	WEIGH-INS	START TIME
Division I: 2010-Later	40,45,50,55,60,70,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division II: 2008-2009	45,50,55,60,65,70,75,85,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division III: 2006-2007	55,60,65,70,75,80,86,93,100,115,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2004-2005	65,70,75,80,85,92,100,110,120,130,140,Hwt	7:30-9:00 a.m.	10:00 a.m.

“OPEN” DIVISION TOURNAMENT (ALL WRESTLERS MAY COMPETE)

AGE GROUP	WEIGHT CLASSES	WEIGH-INS	START TIME
Division II: 2008-2009	45,50,55,60,65,70,75,85,Hwt	7:30- 12:00 p.m.	1:00 p.m.
Division III: 2006-2007	55,60,65,70,75,80,86,93,100,115,Hwt	7:30- 12:00 p.m.	1:00 p.m.
Division IV: 2004-2005	65,70,75,80,85,92,100,110,120,130,140, Hwt	7:30- 12:00 p.m.	1:00 p.m.
Middle School	80,86,92,98,104,110,116,122,128,134,142,150,160,172,205,245	7:30-9:00 a.m.	10:00 a.m.

Awards: Open Division, II, III, and IV- Top three place finishers receive trophies. Rookie Divisions: Top three placers receive medals. Middle School: Top three place finishers receive medals.

Team Awards: The top three teams will receive a team trophy, including a 60-inch trophy which will be awarded to the team champion! Team Pts. will be awarded to placers in the Novice & Open Divisions.

Entry Fee: \$20, at the time of weigh-ins. No pre-registrations.

Rules: Modified Scholastic Rules will be used. Tournament Director reserves the right to combine weight classes upon need. Only Certified Officials will be used.

Concessions: Will be served all day, including a full breakfast.

Contact Information: Larry Kerr: 567-203-2955 Email: Email: kerr7370@msn.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 Sharpsville Wrestling Team, Sharpsville High School, Quest Wrestling, CFC Athletics, officials, tournament directors, 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.

WRESTLER'S NAME (PRINT LEGIBLY) _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL _____ **CLUB or SCHOOL** _____

AGE GROUP _____ **BIRTHDATE** _____

Age Group Classification: A wrestler's year of birth will determine his or her age group classification.

SIGNATURE OF ATHLETE _____ **DATE** _____

SIGNATURE OF PARENT _____ **DATE** _____

