





**Please Note: Youth Wrestlers-** This tournament contains both an "Open" Youth Division and a "Novice" Youth Division (for 1<sup>st</sup> & 2<sup>nd</sup> year wrestlers). If you began wrestling before Oct. 1, 2016, please use discretion when entering the Novice Division and instead consider competing in the "Open" Youth Division.

Tournament Location: Delaware Christian School, 45 Belle Avenue, Delaware, Ohio.

## **"NOVICE" DIVISION TOURNAMENT**

AGE GROUP	WEIGHT CLASSES	WEIGH-IN	START TIME
Division I (5-6 Open)	40,45,50,55,60,70,Hwt	6:30-8:00 a.m.	9:00 a.m.
Division II (7-8 NOVICE)	45,50,55,60,65,70,75,85,Hwt	6:30-8:00 a.m.	9:00 a.m.
Division II (7-8 Open)	45,50,55,60,65,70,75,85,Hwt	6:30-8:00 a.m.	9:00 a.m.
Division III (9-10 NOVICE)	55,60,65,70,75,80,86,93,100,115,Hwt	6:30-8:00 a.m.	9:00 a.m.
AGE GROUP	WEIGHT CLASSES	WEIGH-IN	START TIME
Division III (9-10 Open)	55,60,65,70,75,80,86,93,100,115,Hwt	6:30-11:00 a.m	. 12 noon
Division IV (11-12 NOVICE)	65,70,75,80,85,92,100,110,125,140,Hwt	6:30-11:00 a.m	
Division IV (11-12 Open)	65,70,75,80,85,92,100,110,125,140,Hwt	6:30-11:00 a.m	
Division V (13-14)	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt	6:30-11:00 a.m	. 12 noon

**Awards:** Top 3 place finishers receive medals. (tie-breakers will be decided by head-to-head results followed by point totals of individual wrestlers)

Entry Fee: \$20 for pre-registrations (call 740-262-4265) or register the day of for \$25

**Rules:** Modified Scholastic Rules will be used for all divisions. Sudden death overtime will be used in case of a tie. Pool tournament. Tournament Director reserves the right to combine weight classes upon need.

Concessions: Will be served all day. \*\*Breakfast & lunch items will be available for purchase all day

Contact Information: Jamie Marquis : 740-262-4265 Email: jamie.marquis@dcschool.org

## \*\*Call-in weights will be accepted.

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administers, waive and release the Delaware Christian Wrestling Team, Delaware Christian Schools, Delaware Bible Ministries, 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				_
ADDRESS	CITY	STATE	ZIP	
EMAIL	CLUB or SCHOOL			
E GROUP 2017-2018 RECORD (IF KNOWN)				
BIRTH DATE			Weight	
SIGNATURE OF ATHLETE	DATE	E	_	
SIGNATURE OF PARENT	DAT	E	_	