



Clay County 17th Annual Danny Suite Memorial Tournament February 18th, 2024

Place: Clay County High School, 1 Panther Drive, Clay, WV 25043
Entry \$20.00 Team mail ins of ten or more received by 2/15/24
Fee: \$25.00 Mail in received by 2/15/24
\$25.00 Email, Texts, Call in's (Deadline 2/15/24 by **9:00 p.m.**) **NO WALK-INS**

TOURNAMENT WILL BE LIMITED TO THE FIRST 300 ENTRIES!!!

Mail entries to: Clay Jr. Wrestling P.O. Box 452 Clay, WV 25043 (Make checks payable to CCJW)
Call Ins: Malinda Stewart: 304-553-3107 **Text only from 8 am til 4 pm**
Calls from **4:30 P.M. to 9: 00 P.M.**
Or email: malindaastewart@gmail.com
TJ Legg: 304-651-9426 (cell)
Or email: tjlegg69@icloud.com

Email:

Weigh Ins: Sunday, February 18th, 2024 – CLAY COUNTY HIGH SCHOOL 6:30 am – 8:00 am

Scratch Meeting to follow. Takedown Tournament will be held during the scratch meeting – 5 takedowns will win award. \$5.00 fee to enter.

Rules: Double Elimination. Wrestlers will wrestle three one-minute periods. Scholastic rules apply with sudden death overtime. **LIMIT TWO ENTRIES PER WRESTLER IN DIFFERENT AGE BRACKETS.** We reserve the right to combine weight classes. \$10.00 to move up a weight class. Proof of age “if challenged.” Blind draw, every effort will be made to split wrestlers from the same team.

Awards: Individual awards given 1st, 2nd, 3rd, & 4th place finishers in each weight class.

BREAKFAST AND LUNCH FOODS WILL BE AVAILABLE

17th Annual Danny Suite Tournament

Entry form: (Return this portion only)

WEIGHT CLASSES (Age as of January 1, 2023 Please circle only one and copy form for a second entry!)

4 & Under	35	40	45	50	HWT	65max												
5 & 6	40	45	50	55	60	70	HWT		Max	90								
7 & 8	45	50	55	60	65	70	75	85	105	HWT	135max							
9 & 10	55	60	65	70	75	80	85	90	95	105	115	125	HWT (160 max)					
11 & 12	65	70	75	80	85	90	95	100	105	115	125	135	145	160	HWT (200 max)			
13 & 15	70	78	86	94	102	110	116	123	128	135	145	155	171	190	215	285		

Name: _____ Phone: _____

Address: _____

Age Group: _____ Weight Class: _____ Birthdate: _____

Coaches Name: _____ Team: _____

Clay county High School, WVYWA and Clay Jr. Wrestling League will not be responsible for any accident or injury that occurs during this event, or property losses. I will be personally responsible for any injury to myself or my wrestler during this event. I have read and fully understand this document. My signature indicates I agree with, and will abide by, its contents.

PARENT SIGNATURE: _____ DATE: _____