

**10<sup>th</sup> Annual Holiday Havoc**  
**Sunday, December 4th, 2022**  
**Jackson High School, 500 Vaughn Street, Jackson, Ohio**

**NOVICE (Weigh In 7:30am – 9:00am Wrestle at 10am)**

Must have less than 3 years' experience and have not competed in the ANY State Tournament

Division	Age as of 12/2/22	Weigh In	Wrestling
1	Under 6	7:30-9am	10am
2	7-8	7:30-9am	10am
3	9-10	7:30-9am	10am
4	11-12	7:30-9am	10am

**OPEN (Weigh In 7:30am – 11am – Wrestle at 12pm)**

Division	Age as of 12/2/22	Weigh In	Wrestling
1	Under 6	7:30-11am	12pm
2	7-8	7:30-11am	12pm
3	9-10	7:30-11am	12pm
4	11-12	7:30-11am	12pm

Entry Fee: \$20 pre-registration for one division/\$35 for both. \$25/\$40 walk In Day of Event.  
 Payable at Weigh In. All wrestlers must weigh in.

Registration: Email this form to [boliver2007@roadrunner.com](mailto:boliver2007@roadrunner.com)  
 Pre-registration deadline is 8pm, Friday, December 2, 2022

Awards: Medals for top 3 in each division  
 Team Trophies for Top 3 Open Division

Match Length: 3-1 minute periods. All neutral starting positions. 10 point Tech Fall, Overtime is 1 minute  
 Sudden Victory followed by a 30 second tie breaker if necessary. We will be using 4 mats  
 and a Medina Board.

Weight Classes: Weight Classes will be established once everyone weighs in. Wrestlers will be grouped in  
 pools based on weight and division with no more than a 11% weight differential without  
 permission from a coach or parent.

**MODIFIED SCHOLASTIC RULES**

Admission: Adult \$5 Student \$3 Family \$10

Concessions: Concessions will be available. No Crock Pots or electrical devices permitted.  
 No food is permitted in the gym – water only.

Contact Information: Submit all inquiries to [boliver2007@roadrunner.com](mailto:boliver2007@roadrunner.com)

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 By submitting this entry, I agree to be legally bound for myself, my heirs, my executors, and administrators, waive and release Jackson High  
 School, Jackson City Schools, its administrators, tournament officials, tournament directors, workers and all representatives from any and  
 all claims to rights of damages for any injury suffered by me directly or indirectly as a result of participation in this tournament.

Please Select: Novice  Open  Both

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Division: \_\_\_\_\_

Team: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_