



2nd Annual Pin Suicide

Gable Connors Memorial Scholarship Tournament

Saturday, July 29, 2017

Tournament will be run in 3 sessions. **We will start on time for all sessions and run quickly!!!**

Location: Maysville High School Gym, 3715 Panther Dr. Zanesville, OH 43701

AGE DIVISION IS BASED ON AGE ON DAY OF TOURNAMENT

DIV	WEIGHT CLASSES	WEIGH-IN	START TIME
D1: 6 & UNDER	WEIGHT CLASSES WILL BE DETERMINED AFTER	7:00-9:00 a.m.	10:00 a.m.
D2: 7-8	WEIGH-IN. NO WRESTLER WILL WRESTLE	7:00-11:00 a.m.	12:00 p.m.
D3: 9-10	ANYONE MORE THAN 10% HEAVIER	7:00-9:00 a.m.	10:00 a.m.
D4: 11-12	WITHOUT PARENT OR COACH PERMISSION	7:00-11:00 a.m.	12:00 p.m.
D5: JUNIOR HIGH		7:00-11:00 p.m.	12:00 p.m.
D6: HIGH SCHOOL (NO GRADUATES)		7:00-1:00 p.m.	2:00 p.m.
D7: MASTER'S (18+)		7:00-1:00 p.m.	2:00 p.m.

Awards: 1st place finishers in D1-D7 receive PIN SUICIDE TROPHIES.

2nd and 3rd place in D1-D7 receive Pin Suicide medals.

Entry Fee: \$30 – If you pre-register before July 24th you receive a PIN SUICIDE T-SHIRT

Match Length: 3 -1 minute periods. 10 pt TECH FALL. "Sudden Victory" OT 1st point scored wins, no time limit.

Rules: Modified Scholastic Rules will be used for all divisions. Tournament will be double elimination or round robin.

Tournament Director reserves the right to combine weight classes upon need.

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

Concessions: Will be served all day. No coolers or crockpots or carry-ins.

Contact Information: Ric Roe: ricroe7408911970@gmail.com, Phone/Text: 740-891-1970

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Maysville High School, A+ Sportswear, tournament 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 _____ AGE _____ BIRTHDATE : _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE: _____
 E-MAIL _____
 AGE DIVISION _____ WT CLASS _____
 SIGNATURE OF ATHLETE _____ DATE _____
 SIGNATURE OF PARENT _____ DATE _____

T-SHIRT SIZE YS YM YL YXL S M L XL (pre-register only)

Please send check and registration form to:

Maysville Youth Wrestling, 4845 Old Coopermill Rd., Zanesville, OH 43701