



# The Adam Snider Memorial Tournament

A+

**\*\*OHIO TOURNAMENT OF CHAMPIONS QUALIFIER\*\***

*Sunday, February 5, 2017*

Tournament will be ran in 2 sessions. **We will start on time for both sessions and run quickly!!! You will be home in plenty of time for the game!!!**

**Location:** St. Clairsville High School, 102 Woodrow Avenue, St. Clairsville, OH 43950

**\*\*\* Age Group Classification: A wrestler's age AS OF DAY OF TOURNAMENT**

DIVISION	WEIGHT CLASSES	WEIGH-IN	START TIME
D1: 6 & UNDER	35-40-45-50-55-60-HWT (MAX 75)	7:00-9:00 a.m.	10:00 a.m.
D2: 7 & 8	45-50-55-60-65-70-75-85-95-HWT (MAX 115)	7:00-12:00 p.m.	1:00 p.m.
D3: 9 & 10	55-60-65-70-75-80-85-90-95-105-115-125-HWT (MAX 140)	7:00-9:00 a.m.	10:00 a.m.
D4: 11 & 12	65-70-75-80-85-90-95-100-110-120-130-140-HWT (MAX 170)	7:00-12:00 p.m.	1:00 p.m.

**\*\*\* Tournament Director reserves the right to combine weight classes upon need.\*\*\*  
\*\*\*If wrestler is heavier than max weight, they will be moved up a division.\*\*\***

**Awards:** Top two place finishers receive trophies. 3<sup>rd</sup>-4<sup>th</sup> receive medals.

**Entry Fee:** \$20 at the time of weigh-ins. Wrestlers can enter 2<sup>nd</sup> Division for \$10.

**Match Length:** 3 -1 minute periods. 10 pt TECH FALL. OT Sudden Victory for 1 minute followed by 30-second ride out

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

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

**Concessions:** Will be served all day, including a full breakfast. No coolers or crockpots or carry-ins.

**Contact Information:** Ric Roe: [ricroe7408911970@gmail.com](mailto: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 the St. Clairsville High School, St. Clairsville City Schools, St. Clairsville Youth Wrestling and its officers, 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 :** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**AGE DIVISION** \_\_\_\_\_ **WT CLASS** \_\_\_\_\_

**\*\*\* Age Group Classification: A wrestler's age AS OF DAY OF TOURNAMENT**

**SIGNATURE OF ATHLETE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PARENT** \_\_\_\_\_ **DATE** \_\_\_\_\_