



PIN FOR PAUL



Outdoor Wrestling Tournament

New Lexington Football Field

Saturday, June 3, 2017

Tournament Location: New Lexington Football Field, 101 3rd Avenue, New Lexington, Ohio 43764

Age Group Classification: A wrestler's age AS OF DATE OF TOURNAMENT will determine his or her age group.

DIV

WEIGHT CLASSES

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

Proceeds from this tournament will benefit the Abram family. Paul Abram was a coach for the New Lexington Youth team. He tragically passed away in March 2014

Weigh-Ins: 2:00-3:30 PM Saturday June 3, 2015.

Start time: Wrestling will begin at 4:30 pm.

Awards: Top 4 place finishers in D1-D4 receive trophies.
Top 3 finishers in JUNIOR HIGH, HIGH SCHOOL, MASTERS DIVISIONS receive medals.

Entry Fee: \$20 Preregistration. \$30 at the time of weigh-ins.

Preregistration Mail entry form and check made out to: **NEW LEXINGTON YOUTH WRESTLING** to: **DAVE RATLIFF, 308 RUSH STREET, NEW LEXINGTON, OH 43764**

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: David Ratliff: 740-343-4247 Email: nl_dratliff@seovec.org

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 New Lexington Wrestling Team, New Lexington High School, officials, and its officers, 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: _____

AGE DIVISION _____ WT CLASS _____

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____