

6th Annual Willie Walter's Wrestling Club Novice Wrestling Tournament

Date: Sunday, December 10, 2017

Place: James Wood High School
161 Apple Pie Ridge Road
Winchester, VA 22603

Contact: Bill Herdtfelder 717-816-0522 or bherdtfelder@gmail.com

Weigh-ins: All wrestlers must "check-in" and then weigh in singlet and shoes at registration table in the gym. See arrival, weigh-in and start times below. Weigh-ins will end 30 minutes prior to start time of each age group.

Age determined as of the day of the tournament.

Age Group	Arrive Time	Weigh-in ends	Start Time
6 and Under	8:00 AM	8:30 AM	9:00 AM
7-8	10:30 AM	11:00 AM	11:30 AM
9-10	1:00 PM	1:30 PM	2:00 PM
11-12	2:30 PM	3:00 PM	3:30 PM
13-14	2:30 PM	3:00 PM	3:30 PM

Rules: This is strictly a novice tournament. (no more than 1 year experience with the exception of 6 yrs olds)

At the start of each session, all wrestlers will be lined up according to weight and put into groups of 4 as best possible. Each group will then wrestle a round robin. All matches will be three 1 minute periods in length, OT 30 sec Sudden Victory.

Every effort will be made to separate teammates. Singlet's and wrestling shoes are preferred, headgear is optional. Each group will proceed directly to the awards area as soon as that group is finished wrestling all of their matches.

THIS TOURNAMENT IS INTENDED TO BE A FUN AND REWARDING EXPERIENCE FOR ALL WRESTLERS.

Admission: Adults - \$4.00, Students - \$2.00 *Free admission to table help volunteers with commitment to one of the sessions. **Contact Bill Herdtfelder prior to the tournament start if interested.**

Concessions: Food will be available throughout the day, t shirts etc....

Entry Fee: \$25.00

Enter online- <http://www.trackwrestling.com/registration/BasicPreReg1.jsp?tournamentGroupId=290479009>

Or go to www.trackwrestling.com and search "Willie Walters"

Make Checks payable to Willie Walter's Wrestling Club- Entry must be received by December 9, 2017. No Walk-ins.

Mail to: Willie Walter's Wrestling Club, 260 High Banks Road, Stephenson, VA 22656

Willie Walter's Wrestling Club Novice Tournament

NAME: _____ YRS EXP: _____ AGE: _____

ADDRESS: _____

PHONE: _____

I, _____, the parent/legal guardian, of _____, assume full responsibility for any injuries he/she may incur during the wrestling tournament or while traveling to or from it. I guarantee that my son/daughter has personal medical coverage or USA Wrestling Club membership coverage.

PARENT NAME: _____

PARENT CELL PHONE: _____

INSURANCE COMPANY: _____

IMPORTANT NOTE:

If the insurance information is not completed the wrestler cannot wrestle.