Williamstown Jr. Wrestling
Novice Tournament

DATE: Sunday, January 14, 2018 — 1st, 2nd and 3rd Year Wrestlers Only!

LOCATION: Williamstown High School (New Gym), 5th and Williams Avenue, Williamstown, WV 26187

ADMISSION: Adults $ 5.00 Students $ 3.00

ENTRY FEE: $20 mail-in with entry form / $20 email/call-in (payment due at weigh-in) NO WALK-INS
$10 for additional entry – Limit 2 entries per wrestler (2nd entry must be next age group)

WEIGH-INS: Saturday, Jan. 13th 7:00 pm – 8:30 pm and Sunday, Jan. 14th, 7:00 am – 8:30 am (1lb weight allowance)

MAIL ENTRIES TO: L. Haddox
201 W. 8th Street
Williamstown, WV 26187
MUST be **postmarked** by January 5th

CALL IN ENTRIES TO: Morgan Burge (740) 350-6248 (no calls after 10:00 pm)
Deadline for call in's is January 10th at 10:00 pm

EMAIL: williamstownjrwrestling@yahoo.com Emails will be accepted until January 10th at 10:00 pm – will receive confirmation

MAKE CHECKS PAYABLE TO: Williamstown Jr. Wrestling (No Refunds)

SCRATCH MEETING: Approximately 9:00 am – Wrestling to begin at approximately 9:30 am.

AWARDS: Trophies will be awarded for 1st place – 4th places. Participation awards for non-placing wrestlers.

FOOD: No outside food. Breakfast foods will be available. CONCESSION STAND AVAILABLE ALL DAY

RULES: **1st, 2nd and 3rd year wrestlers ONLY**
Modified High School **Double Elimination** (for weight classes with more than 4 wrestlers)
Bout Times – Three periods of 1 minutes each
Scholastic overtime rules apply
We reserve the right to combine classes
Officials decisions and rule interpretations are final
Proof of age must be provided upon request

NO TOBACCO OF ANY KIND ALLOWED ON SCHOOL PROPERTY!!!!!!

----------Clip and Mail----------

CIRCLE AGE GROUP & WEIGHT CLASS TO BE ENTERED **(if 2nd entry, use another form)**

4&U:	35	40	45	UNL						
5&6:	40	45	50	55	60	UNL				
7&8:	45	50	55	60	65	70	80	UNL		**Actual Weight: _____**
9&10:	60	65	70	75	80	90	100	110	UNL	("Actual Weight" MUST be listed!)
11&12:	80	85	90	100	110	120	130	140	UNL	

Wrestler's Name: _____ Date of Birth _____ Age_____

Address:_____ City:_____ State: _____ Zip: _____

Phone:_____ Team name: _____

In consideration and acceptance of this entry, I agree to waive and release Williamstown Jr. Wrestling, its Board Members, Wood County Schools and all officials, volunteers, and anyone affiliated with the tournament from any and all liabilities of injuries, damages, loss of property, or suffering resulting from participation in said tournament. This is hereby understood by the parents / legal guardian and wrestler.

Parent/Legal Guardian Signature _____ Date _____