

Coshocton Redskin SUPERTROPHY Open

Saturday, November 11, 2017



Tournament will be ran in 2 sessions. **We will start on time for all sessions and run quickly!!!**

Location: Coshocton High School, 1205 Cambridge Road, Coshocton, OH 43812

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

DIVISION	WEIGHT CLASSES	WEIGH-IN	WRESTLE
D1: 6 & UNDER	WEIGHT CLASSES WILL BE DETERMINED AFTER	7:00-9:00 a.m.	10:00 a.m.
D2: 7-8	WEIGH-INS. NO WRESTLER WILL WRESTLE	7:00-12:00 p.m.	1:00 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	7:00-12:00 p.m.	1:00 p.m.
D5: JUNIOR HIGH		7:00-9:00 a.m.	10:00 a.m.
D6: HIGH SCHOOL		7:00-12:00 p.m.	1:00 p.m.

Awards: Champion 24" trophy, Runner-Up 22" trophy, 3rd Place 20" trophy

Entry Fee: \$25 at the time of weigh-ins--2nd Division = \$15

SPECIAL DEAL: *Weigh-In and sign up for Bloom-Carroll Odd-Age SUPERTROPHY on Sunday 11/12 and get both tourneys for \$40 total (Save \$10!!)*

Match Length: 3 -1 minute periods (Choice for 2nd & 3rd periods). 10 pt TECH FALL. 1 minute "Sudden Victory" OT 1st point scored wins, 30 second ride out if no scoring

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, including a full breakfast. 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 Coshocton High School, Coshocton City Schools, 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 _____

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____