



31st Annual Preston Mat Club Wrestling Tournament
"In Memory of Linda Miller"
Saturday, January 6, 2018

Held At Preston High School - Kingwood, WV

A West Virginia Youth Wrestling Association Member Tournament

Entries: \$20.00 - Mail Ins Eligibility: Age as of 1/1/18
\$25.00 - Emails or Call Ins

Checks payable to Preston Mat Club (PMC)

Admission: Adults \$5.00 Children \$3.00

Deadline: All entries must be received by Wednesday, January 3, 2018 @ 9 p.m.
Mail Ins: Elizabeth Miller, 101 McDonald Street, Unit 3, Kingwood WV 26537
E-Mails: Pmcmomma03@yahoo.com or bturner@wvlawyers.com
Call Ins: 304-698-1168(Jessica)
Questions: 304-216-0156 (Buddy)

Weigh Ins: *Split Tournament*

Weigh Ins for 8 and under from 7:00 a.m. to 8:30 a.m and Wrestling will begin at approximately 9:00 a.m.

Weigh Ins for 9 and older 11-12:30 p.m. Wrestling will begin approximately 1:00 p.m.

Awards: Awards 1st thru 4th Place, Team 1st thru 3rd

Concessions: Will be available all day Hospitality room for referees and coaches (only)

Rules: Three (3) One (1) minute periods for all age divisions, scholastic rules apply with sudden death overtime. Double elimination. Limit 2 entries per wrestler, 1 per age division. **NO weight allowance.** We reserve the right to combine weight classes.

Mail this portion to: Elizabeth Miller, 101 McDonald Street, Unit 3, Kingwood WV 26537

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| 4 & Under | 35, 40, 45, 50, HWT (65 maximum). |
| 5 & 6 | 40, 45, 50, 55, 60 and HWT (75 maximum). |
| 7 & 8 | 45, 50, 55, 60, 65, 70, 75, 85, and HWT (120 maximum) |
| 9 & 10 | 55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 125, and HWT (160 maximum). |
| 11 & 12 | 65, 70, 75, 80, 85, 90, 95, 100, 105, 115, 125, 135, 145, 160, and HWT (200 maximum) |

Name: _____ Team: _____

Address: _____ (Phone No.) _____

Date of Birth: _____ Age _____ Weight _____ Record _____ Years Wrestled _____

By signing below, I release all sponsoring bodies, WVYWA, Preston High School, Preston Mat Club, and their Officials from any and all legal claims or rights to damages or injuries or losses suffered by my child or myself while participating in this event.

Signature of Parent or Guardian _____ Date: _____