

# 26th Annual Mineral Wells Invitational

Ohio Tournament of Champions Qualifier

\*\*\*ONLY PRE-REGISTERED ENTRIES ACCEPTED\*\*\*

TOURNAMENT IS LIMITED TO THE FIRST 500 WRESTLERS!!!

**Please note: This is a SPLIT SESSION TOURNAMENT!**

**Sponsored By:** Mineral Wells Wrestling  
**Date:** Saturday, January 26<sup>th</sup>, 2019  
**Location:** Mineral Wells Elementary School, I-77 to Exit 170, onto Rt. 14 South, 4 Miles  
**Head Coach:** Justin Conley  
**Weigh-ins:** Friday, January 25<sup>th</sup>, 2019: 6:30pm to 8:30pm (**\*\*OPEN WEIGH-IN, ALL AGES\*\***)  
Saturday, January 26<sup>th</sup>, 2019: 6:00am to 8:00am (**\*\*4U, 5&6, 7&8 AGES ONLY\*\***)  
Saturday, January 26<sup>th</sup>, 2019: 12:00pm to 1:00pm (**\*\*9&10, and 11&12\*\***)

- SKIN AND NAIL CHECKS WILL BE PERFORMED AT WEIGH-INS
- **Weight Allowance will be 0.2**
- If you do **NOT** make weight, you will only be allowed to move up a weight class if there is room left in the bracket. We will **NOT** create places in full brackets to add wrestlers who have not made their pre-registered weight classes.

**Entry Fee:** \$20.00 per first entry : \$15.00 for second entry: double entry must move up an age division

- NO WALK-IN's
- NO CALL-INS
- Checks payable to: Mineral Wells Wrestling
- **Mail Entries to:** MW Wrestling Registration  
C/O Donna McWilliams  
470 Parkview Lane  
Mineral Wells, WV 26150

**Email Entries to:** burroughsd@Msn.com

\*Must include all information from form

- ALL Entries must be **Received** by: Tuesday, January 22<sup>nd</sup>, 2019 @ 9:00PM
- **NO ENTRIES WILL BE ACCEPTED past the deadline.**

**Eligibility:** Age as of January 1, 2019

**Start Times:** **Morning Session Scratch Meeting: 8:15AM**  
**4U, 5&6, and 7&8: Approximate start of wrestling 9:00AM**  
**Afternoon Session Scratch Meeting: 1:30PM**  
**9&10, 11&12: Approximate start of wrestling 2:00PM**

**Rules and Regulations:**

- 1.) Double Elimination \*WE USE 4 MATS\*
- 2.) Registered Officials will be used
- 3.) 1-1-1 minute periods, 1 minute sudden victory and normal high school tie breakers will apply
- 4.) ALL restarts are from neutral position
- 5.) We reserve the right to combine weight classes to maximize competition (important to list actual wt.)
- 6.) Round Robin format for 4 or less wrestlers in a weight class.

**Awards:** 1<sup>st</sup> Place receives a special trophy & Champion T-shirt. 2<sup>nd</sup> Place will receive an individual trophy.  
3<sup>rd</sup> & 4<sup>th</sup> Place will receive medals.  
Top 3 finishers qualify for the Ohio Tournament of Champions held in Columbus on April 27, 2019.  
1<sup>st</sup> through 3<sup>rd</sup> overall team trophies will also be presented at the end of the day.

**Concessions available all day! Hospitality Room for Coaches will also be available. (1 pass per 5 wrestlers for coaches)**

**Questions:** Donna McWilliams (304)991-7300 OR Chris Morrison (304)494-8368

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WEIGHT CLASS:

MORNING SESSION:

4&U: 35-40-45-50-UNL (70 MAX)

6&U: 40-45-50-55-60-65-UNL (85 MAX)

8&U: 45-50-55-60-65-70-75-80-85-90-100-UNL (120 MAX)

AFTERNOON SESSION:

10&U: 50-55-60-65-70-75-80-85-90-100-110-120-UNL (150 MAX)

12&U: 60-65-70-75-80-85-90-95-105-110-120-135-UNL (175 MAX)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Birthday: \_\_\_\_\_

Age as of January 1, 2019: \_\_\_\_\_ Years Wrestling: \_\_\_\_\_

Head Coach's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Age Group of Entry: \_\_\_\_\_ Weight of Entry: \_\_\_\_\_

Actual Weight (must be given): \_\_\_\_\_

IF DOUBLE ENTERING A WRESTLER PLEASE FILL OUT THE NEXT SECTION:

Age Group of 2<sup>nd</sup> Entry: \_\_\_\_\_ Weight of 2<sup>nd</sup> Entry: \_\_\_\_\_

IN CONSIDERATION OF YOUR ACCEPTANCE OF MY ENTRY, I WAIVE AND RELEASE MINERAL WELLS WRESTLING TEAM AND MINERAL WELLS SCHOOL FROM ANY AND ALL CLAIMS OR RIGHT TO DAMAGE FOR INJURIES OR LOSS SUFFERED BY ME AT THIS TOURNAMENT. I ALSO WAIVE ALL CLAIMS TO DAMAGES AGAINST THE SPONSORS FOR THIS TOURNAMENT.

PRINTED NAME OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parent or Legal Guardian)

1<sup>st</sup> Entry Total: \$ \_\_\_\_\_

2<sup>nd</sup> Entry Total if applicable: \$ \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

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## Local Accommodations List:

Holiday Inn Express

I-77 Exit

(304) 489-4111

\*\*\*\*\*SPECIAL NIGHTLY RATE OF \$89.00 FOR ATTENDING OUR EVENTS\*\*\*\*\*

Comfort Suites

I-77 Exit

(304) 489-9600

Hampton Inn

I-77 Exit

(304) 489-2900

Mineral Wells Inn and Suites by Magnuson

I-77 Exit

(304) 489-3111

\*\*Group rates available if booking rooms as a team\*\*

\*\*\*\* Some will have Discounted rate with TAX ID #\*\*\*\*