

**Pembroke Youth Wrestling  
6th. Annual  
Wrestling  
Tournament  
Sunday, April 2<sup>nd</sup>**



***.Pre-registration Only.***

**\*\*\*Must be received by 5 P.M. April 1<sup>st</sup>.\*\*\***

**Date: Sunday, April 2<sup>nd</sup>**

**(Entrant must check in by 9:00 AM)**

**Location: Pembroke Senior High School**

**Exit 48A New York State Thruway**

**Located: ¼ mile south on Rte. 77.**

**Corner of Rte. 77 and Rte. 5**

**AGE DIVISIONS**

**PEEWEE: 5 and 6. MIDGET: 9 and 10.**

**BANTAM: 7 and 8. JUNIOR: 11 and 12.**

**SCHOOLBOY: 13 and 14.**

***All Ages as of Day of Tournament***

**Eight man tough guy brackets when possible**

**Varsity wrestlers accepted**

**HONOR WEIGH-INS**

Wrestler must be within three pounds of registered weight.

A coach must challenge weight of opponent prior to match.

If a wrestler is found to be more than three pounds above registered weight, they will be eliminated from the tournament.

Pembroke officials reserve right to randomly check weights.

Registration fee will not be refunded.

**AWARDS**

Trophies awarded to top four place finishers in each bracket.

**CONTACT and REGISTRATION**

Pembroke Head Coach: Matthew Moscato

Phone: 716-353-5768

Email: [mmoscato@pembroke.k12.ny.us](mailto:mmoscato@pembroke.k12.ny.us)

Fax: 716-937-0356  
**Individual Registration**



**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Telephone Number and E-mail: (\_\_\_\_) \_\_\_\_\_

**Division: (*Circle one*)** (if by E-mail highlight in **RED**)

**PEEWEE BANTAM MIDGET JUNIOR SCHOOLBOY**

(5 and 6)

(7 and 8)

(9 and 10)

(11 and 12)

(13 and 14)

**Date of Birth:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Club or School:** \_\_\_\_\_ **Years Experience:** \_\_\_\_\_

**Entry Fee: \$15.00 Send to  
Pembroke Wrestling  
C/O Matthew Moscato  
3460 Wende Rd.  
Alden, NY 14004**

**\*Send Completed Forms 1 of 3 Ways**

**1) E-Mail - [mmoscato@pembroke.k12.ny.us](mailto:mmoscato@pembroke.k12.ny.us)**

**2) Snail Mail – Address above**

**3) Fax: 716-937-0356**

**WAIVER**

**I will not hold Pembroke Central School District, Pembroke Youth Association, or anyone associated with this tournament responsible for any injury sustained during my presence at this tournament. I am self insured. I will pay for any damages done to property, or otherwise, as a result of my actions.**

\_\_\_\_\_  
**Signature of Wrestler:**

\_\_\_\_\_  
**Signature of Parent or Guardian:**

***\*Must be signed. (If sent by E-mail sign at Tournament)***



## Team Registration Form

**School or Club Name:** \_\_\_\_\_

**Coach:** \_\_\_\_\_ **Telephone # or E-mail** \_\_\_\_\_

[illegible]

***\*Age as of day of tournament. All wrestlers must complete an individual registration before they willbe allowed to compete.***