

JOHNSON CITY RECREATIONAL WRESTLING TOURNAMENT

SUNDAY, DECEMBER 10, 2006

WRESTLING BEGINS: 10:00 AM

LOCATION: JOHNSON CITY HIGH SCHOOL

666 Reynolds Road

Johnson City, New York

(Exit 70N off Route 17 – Just

North of

ENTRY FEE: \$15.00

ADMISSION: Adults \$2.00 - Kids \$1.00

SEEDING MEETING: Sunday, 8:00 AM (Open to Coaches)
Oakdale Mall)

HONOR WEIGH-IN: Entry forms and payment must be **received by 8:00 AM Sunday**.

Your age division and weight class must be filled in.

ENTRY FORM: Single Entry Below

INDIVIDUAL AWARDS: 1st, 2nd, 3rd, 4th Place Trophies

OFFICIALS: New York State Certified

RULES: New York State (Modified High School)

HEAD GEAR: Preferred

Weight challenge: If challenged both wrestlers must be with-in 5 pounds of entry weight. Twenty dollars to challenge weight, refundable only if wrestlers fails weight challenge. All weight challenges must take place by the end of the first round of wrestling.

DIVISIONS & WEIGHTS:

AGE	WEIGHT CLASSES	REGULATION
6 & UNDER	35 - 40 - 45 - 50 - 55 - 60 - UNL (not to exceed 80)	1 - 1 - 1
7 & 8	45 - 50 - 55 - 60 - 65 - 70 - 75 - 85 - UNL	1 - 1 - 1
9 & 10	50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - 100 - 115 - UNL	1 - 1 - 1
11 & 12	65 - 70 - 75 - 80 - 85 - 90 - 95 - 100 - 107 - 117 - 127 - 140 - UNL	1 - 1 - 1
13 & 14	75 - 80 - 85 - 90 - 95 - 102 - 110 - 118 - 126 - 134 - 142 - 150 - 170 - UNL	1 - 1½ - 1½

JV and Varsity experience accepted.

You may only enter one age/weight division.

Tournament Director reserves the right to eliminate/combine weight classes.

Age as of day of tournament. Proof of age must be presented if contested.

Make checks payable to and mail to:

Johnson City Recreational Wrestling Club

c/o Greg Matyas

46 Orchard Ave.

Johnson City, NY 13790

For Further Information, Contact:

Greg Matyas (607) 797-7568

Dave Colgan (607) 797-0347

INDIVIDUAL WRESTLER ENTRY FORM

NAME: _____ DATE OF BIRTH: _____ AGE: ____ WT.: _____

ADDRESS: _____

SCHOOL OR CLUB (for team points): _____ PHONE: _____

SEEDING INFORMATION (2005 - 2006) RECORD: _____ HONORS: _____

In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Village of Johnson City, the Johnson City Recreational Wrestling Club, it's agents, representatives, successors, the Johnson City Central School District and assigns for any and all injuries suffered by my child at said tournament. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury insurance policy.

PARENT'S SIGNATURE: _____ **DATE:** _____