

Sodus Rec. Youth Wrestling Tournament  
**Gene Mills Eastern Nationals Qualifier**  
March 10, 2007  
PRE-REGISTRATION ONLY  
Registration Dead Line 6 PM March 9, 2007  
Limited to first 400 Entries  
4 MAN ROUND ROBIN Brackets as much as possible

**Place:** Sodus Intermediate School and Field House - Mill St., Sodus NY.

**Check in by:** 8:15 AM - Wrestling to begin at 9 AM or ASAP

**Cost:** \$16.00 per wrestler

**Admission:** No cost

**Food Available All Day**

**Eligibility:** Up to age 14 with NO VARSITY OR JV EXPERIENCE. Proof of age and weight if challenged. Both will be checked (wrestlers doing the challenging and the challenged). Age as of 1/1/07.

**Rules:** NY State High School rules, Certified NY State Ref's as much as possible. Periods will be 1, 1, 1 for everyone except 13/14, theirs will 1-1 ½, 1-1 ½, 1- 1 ½. With 1 minute sudden death overtime, for everyone, if needed.

**Awards:** 1 st - 4<sup>th</sup>. Team Trophies: 1st-3rd. 10 of your wrestlers that you pick before the brackets are up. \*\*Top two (2) finishers in each class qualify for Eastern Nationals Tournament\*\*

**Divisions:** 6 & under, 7/8, 9/10. 11/12 and 13/14.

**TOURNAMENT DIRECTOR RESERVES THE RIGHT TO COMBINE WEIGHT CLASSES FOR BETTER WRESTLING.**

**Mail entries to:** Pete Petersen 6616 Hill Road Sodus NY 14551 (315) 483-9826

**Wrestlers name :** \_\_\_\_\_ **Age as of 1-1-07** \_\_\_\_\_  
PLEASE PRINT

**Address:** \_\_\_\_\_ **Town** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Team School** \_\_\_\_\_

**Division:** 5/6, 7/8, 9/10, 11/12, 13/14 **Weight:** \_\_\_\_\_

I am fully aware that wrestling is a contact sport and that there is risk of injury to the participants. Therefore, I accept full responsibility for any medical cost incurred if my child needs medical attention due to injuries sustained while participating in this event. I hereby accept the obligation to be responsible for my child and myself and to release the Sodus Recreation, Sodus Rec Youth Wrestling, Sodus Central School and their agents or representatives from any Liability to my child or me.

**Parent or Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To whom it May Concern:

The Sodus Recreation Program holds its Annual Wrestling Tournament each year in March and we are in search of sponsors. This tournament draws youth wrestlers from all over New York State and Northern Pennsylvania.

A \$25 donation covers the cost of a set of trophies for 1<sup>st</sup> through 4<sup>th</sup> place for one weight class. With your donation your name or your company name will appear on our Wall of Sponsors. All donations are appreciated.

Sincerely,

Pete Petersen

Sodus Recreation Youth Wrestling Club  
6616 Hill Road  
Sodus, NY 14551  
315-483-9826

Name/Comapny Name to be displayed on Sponsor Wall:\_\_\_\_\_

Number of Weight Classes:\_\_\_\_\_ Cash/Check \$: \_\_\_\_\_ Check #: \_\_\_\_\_

Signature of person who received the cash or check:\_\_\_\_\_

**Sodus Tournament will be held on March 10, 2007**