

Central Ohio "Preseason Showdown at Fisher Catholic" Open

Saturday, October 13, 2007

Location: Lancaster Fisher Catholic High School, 1803 Granville Pike, Lancaster, Ohio.

Weigh-ins: Friday, October 12th from 7-9:00 p.m. and Saturday, October 13th from 7:00-9:00 A.M. Please Note: Divisions III (9-10 years), VI (15-19 years), and VII (Open) may weigh-in up until 11:00 a.m. All other Divisions must weigh-in by 9:00 a.m.!!!!

Start Times: There will be a split start time; Wrestling will begin at 10:00 A.M. for Divisions I (5-6), II (7-8), IV (11-12) and V (13-14). Wrestling will begin at 12:30 P.M. for Divisions III (9-10), VI (15-19), and VII (Open). There will be five mats running all day.

Awards: Divisions I, II, III, and IV: Top Three place finishers receive trophies. Divisions V, VI, and VII: Top Three place finishers receive medals.

Entry Fee: \$20 at the door. No pre-registrations.

Rules: 2- 2 minute periods for Divisions III, IV, V, and VI. 2- 1:30 periods will be used for Divisions I and II. Modified H.S. Rules will be used for all divisions, double elimination. Sudden death overtime will be used in case of a tie. All periods start from the neutral position.

Weight Classes:

Division I: 5&6: 40,45,50,55, 60, 70, HVY

Division II: 7&8: 45,50,55,60,65,70,75,85, HVY

Division III: 9&10: 55,60, 65, 70,75,80,86,93,100,115, HVY

Division IV: 11&12: 65,70,75,80,85,92,100,110,125, 140, HVY

Division V: 13&14: 75,80,85,90,95,100,105,112,119,126,135,145,155,175, HVY

Division VI: 15-19 103,112,119,125,130,135,140,145,152,160,171,189,215,285

Division VII: Open: 133,149,165,184,215,285

- High School graduates must compete in Division VII

Contact Information: CentralOhioPreseasonShowdown@yahoo.com

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Fisher Catholic Wrestling Team, Fisher Catholic High School, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

CLUB or SCHOOL _____

AGE GROUP _____

BIRTHDATE _____

Age Group Classification: A wrestler's age on Oct. 13th will determine his or her age group. All wrestlers will need to produce proof of age.

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____

Copy of Entry Form provided by www.OhioWrestler.com
with permission of Arcadia Athletic Boosters per Karla Lewis

