

# The "Central Ohio Preseason Showdown" Open



At Gahanna Lincoln High School

Sunday, October 26<sup>th</sup>, 2008



**Tournament Location:** Gahanna Lincoln High School, 140 South Hamilton Road, Gahanna, OH

AGE GROUP	WEIGHT CLASSES	WEIGH-IN	START TIME
5-6	40,45,50,55,60,70,Hwt	7:00-9:00 a.m.	10:00 a.m.
7-8	45,50,55,60,65,70,75,85,Hwt	7:00-9:00 a.m.	10:00 a.m.
9-10	55,60,65,70,75,80,86,93,100,115,Hwt	7:00-12:00 p.m.	1:30 p.m.
11-12	65,70,75,80,85,92,100,110,125,140, Hwt	7:00-9:00 a.m.	10:00 a.m.
13-14	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt	7:00-9:00 a.m.	10:00 a.m.
15-19 (no grads!)	103,112,119,125,130,135,140,145,152,160,171,189,215,285	7:00-12:00 p.m.	1:30 p.m.
Masters (19 and up)	133,149,165,184,215,285	7:00-9:00 a.m.	10:00 a.m.

**Early Weigh-Ins:** Wrestlers in all divisions may choose to weigh-in early at Gahanna Lincoln High School on Wednesday, October 22, from 7-8:00 p.m.

**Awards:** 12 and under: Top three place finishers receive deluxe trophies.  
13-14, 15-19, and Masters age group: Top Three place finishers receive medals.

**Entry Fee:** \$20, at the time of weigh-ins. No pre-registrations.

**Rules:** Modified Scholastic Rules will be used for all divisions. Tournament will be double elimination. Sudden death overtime will be used in case of a tie. All periods start from the neutral position. All restarts are from the neutral position. Tournament Director reserves the right to combine weight classes upon need.

**Concessions:** Available all day, including a full breakfast.

**Contact Information:** Kyle Bentley: 614-774-4340

Email: [bentleyk@gjps.org](mailto:bentleyk@gjps.org)



OhioWrestler.com  
**TOP 20 LIST**

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 Gahanna Lincoln Wrestling Team, Gahanna Lincoln 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 \_\_\_\_\_

EMAIL \_\_\_\_\_ CLUB or SCHOOL \_\_\_\_\_

AGE GROUP \_\_\_\_\_ 2008-2009 RECORD (IF KNOWN) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**Age Group Classification:** A wrestler's age on Oct. 26<sup>th</sup> will determine his or her age group.

SIGNATURE OF ATHLETE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

Copy of Entry Form provided by [www.OhioWrestler.com](http://www.OhioWrestler.com)  
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