

Kent State Wrestling Open

“Golden Flash Classic”

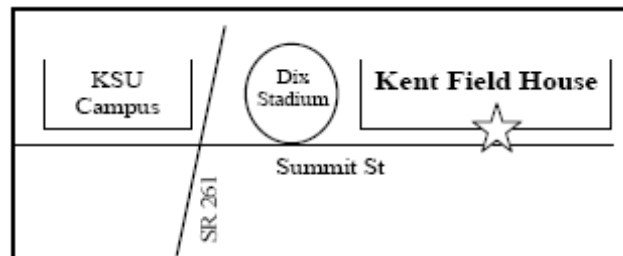
Ages 5 – 18

Saturday, November 1, 2008



OhioWrestler.com
TOP 20 LIST

Location: Kent State University Field House
2213 Summit Street
Kent, OH 44242



350+ wrestlers participated last year! All wrestlers & parents get free admission to Kent State Intersquad Match that night at 7:00pm!

Weight Classes: All weight classes will be determined after weigh-ins according to age and weight.

Format: Round robin format guarantee's a minimum of 3 matches. Final round robin record and head to head competition determines your placement. Modified Scholastic rules for all divisions. All Neutral starts. Sudden Death Overtime will be used. We will wrestle on 7 mats to insure the tournament will move very quickly. Awards will be given.

<u>Age Division</u>	<u>Match's*30 sec break between periods</u>	<u>Weigh-ins</u>	<u>Start Time</u>
5-6	2 x 1.5 minute periods*	8:00am-9:00am	10:00am
7-8	2 x 1.5 minute periods*	8:00am-9:00am	10:00am
9-10	2 x 1.5 minute periods*	8:00am-10:00am	11:00am
11-12	2 x 1.5 minute periods*	8:00am-11:00am	12:00pm
13-14	2 x 2 minute periods*	8:00am- 1:00pm	2:00pm
15-18(no grads)	2 x 2 minute periods*	8:00am- 1:00pm	2:00pm

Optional weigh-in & registration the day before (Fri.,October 31) from 5pm-7pm at KSU Field House

***Coaches with 8 or more wrestlers can call in their weights on Friday.**

Entry Fee: \$20 at time of weigh-ins. NO pre-registration. Checks Payable to Kent State Wrestling.

Concessions: Served all day long.

Contact Information: Josh Moore: 330-672-8422

or e-mail jmoore11@kent.edu

In consideration of acceptance of my entry, I agree to be legally bound by myself, my heirs, executors, and administrators, waive and release the Kent State Wrestling Team, Kent State University, officials, tournament directors, workers and all representatives from any and all claims of right of damages for any injury suffered by me or indirectly as a result of competing at this tournament

Name: _____ Age Division: _____ Birthday: ___/___/___

Address: _____ Club or School: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Signature of Athlete: _____ Date: _____

Signature of Parent: _____ Date: _____

Copy of Entry Form provided by www.OhioWrestler.com
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