



LUTHERAN WEST HIGH SCHOOL OPEN WRESTLING TOURNAMENT

SATURDAY, NOVEMBER 1ST, 2008

3850 LINDEN ROAD, ROCKY RIVER (NEXT TO WESTGATE SHOPPING CENTER)

Division	Age	Weight Classes	Start Time
Div. 1	HIGH SCHOOL(14-18)	103, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285	10:00AM
Div. 2	MASTERS (19 AND UP)	125, 133, 141, 149, 157, 165, 174, 184, 197, 285	11:30 AM

Age as of tournament date. Times are approximate-matches may start later, but never before designated time. **PLEASE PLAN ON CHECKING IN AT LEAST 45 MINUTES BEFORE YOUR START TIME.**

Entry fee: Pre-Registered by mail (guarantees entry) or at weigh-ins= \$15.00
SATURDAY AT THE DOOR= \$20

Admission: \$3.00 for adults

- Maximum of 16 wrestlers per weight class will be accepted
- All periods start on your feet, modified high school rules, two- 2 minute periods.
- We reserve the right to move a wrestler up to the next weight class if needed.
- Trophies for top 3 finishers
- OHSAA Certified Officials

Weigh-ins: At Lutheran West High School Wrestling Room:

Thursday, October 30th 6:00 p.m.- 8:00 p.m.

Saturday, November 1st 7:00-9:00 a.m. (\$20 Entry Fee for Saturday Weigh-in)

*Bring proof of age, registration form, and entry fee to weigh-ins (cash or check accepted)

Coaches may conduct weigh-ins at your home school for large groups of wrestlers or for long distance travelers. Please fax or Email wrestler's name, actual weight, age, and division, NO LATER THAN 3 P.M. on Friday, October 31st to:

For team registration or any questions please contact: Email: dressler@lutheranwest.com or FAX # 440-333-1729
Coaches, Please leave your name and phone # for confirmation.

Lutheran West High School Open Wrestling Tournament

Name _____ Age _____ Division # _____
Address _____ Grade _____ Weight Class _____
City _____ Zip Code _____ Date of Birth _____
School/Club _____ Phone () _____

In case of Emergency, notify: _____ PHONE # _____

In consideration of your acceptance of my entry, I and my legal heirs, waive and release Lutheran West High School, Lutheran West Operating Board, and all tournament officials from any and all legal claims to damages for injury or loss suffered by me directly or indirectly while training for, traveling to or from, and participating in this Lutheran West High School Open Wrestling Tournament.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

Write Checks payable to: Lutheran West Send to: Lutheran West High School (attn: Dave Ressler)
3850 Linden Road, Rocky River Ohio 44116

Copy of Entry Form provided by www.OhioWrestler.com
with permission of Lutheran West Wrestling per Dave Ressler

