

# THE MASSILLON TUSLAW FALL OPEN



OhioWrestler.com  
**TOP 20 LIST**

**Saturday, November 1, 2008**

**Note:** This event will have a split start time to ensure it runs as quickly as possible, check the weigh-in and start times below for details. **Special Note for Youth Wrestlers:** Results for "Open" Division of this event will count toward the "TOP 20" standings on [www.OhioWrestler.com](http://www.OhioWrestler.com) so be sure that your name is legible on this entry form so it can be sent correctly to Ohio Wrestler.

**Tournament Location:** Tuslaw High School, 1847 Manchester Rd NW, Tuslaw, Ohio

<u>AGE GROUP</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-IN</u>	<u>START TIME</u>
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.

**Awards:** 12 and under: Top Three Place Finishers Receive 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. Tournament Director reserves the right to combine weight classes upon need.

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

**Contact Information:** Chase Horvath: 330-837-7807 Ext. 1115 Email: [chase.horvath@mail.sparcc.org](mailto:chase.horvath@mail.sparcc.org)

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 Tuslaw Wrestling Team, Tuslaw 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 November 1<sup>st</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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