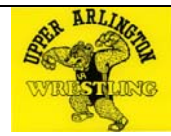


GOLDEN BEAR KICK-OFF CLASSIC



DATE: Saturday, November 1, 2008 Division I- IV 10:30 a.m.: Division V- VII 1:30pm

ADMISSION: Adults - \$3.00 Students - \$2.00

LOCATION: Upper Arlington High School, 1650 Ridgeview Road, Columbus, Ohio 43221

ELIGIBILITY: Limited to the first 300 entrants. Proof of age may be required if challenged.

RULES: Modified high school. Two 1-1/2 minute periods for Divisions I-IV.
Two 2 minute periods for Divisions V-VII.
Double Elimination, Singlets Optional, Headgear Required.

AGE GROUPS: (Age as of November 1, 2008)

<u>AGE</u>	<u>DIVISION</u>	<u>AGE</u>	<u>DIVISION</u>
12 and under	IV	14 and under	V
10 and under	III	18 and under	VI
8 and under	II	Old and under (open)	VII
6 and under	I		



OhioWrestler.com
TOP 20 LIST

WEIGHT CLASSES WILL BE DETERMINED UPON PARTICIPATION AFTER WEIGH-INS
Tournament staff reserves the right to combine and/or add weight classes/groups, if necessary.

AWARDS: Medals will be given to the top 3 placers in each weight class.
Tournament Champion T-Shirt to each weight class champion.

REGISTRATION: Participants may *pre-register* prior to registration/weigh in.
Mailed in pre-registration must be postmarked by October 24, 2008.
Pre-registration cost is \$15.00. Registration at weigh-in cost is \$20.00.
Make checks payable to UA WRESTLING BOOSTERS

Mail to: Grant McCormick (Tournament Director)
1515 Bethel Road, Columbus, Ohio 43220
Phone: W (614-324-6714); Cell (614-314-4659); Email: uacoach@gbartitle.com

REGISTRATION AND WEIGH INS: Saturday, November 1, 2008; 7:30 a.m. – 9:30 a.m. -- All Divisions.
Saturday, November 1, 2008; 11:30 am-1pm -- Division V- VII
Weight Classes will be determined upon participation

Name: _____ **School Affiliation (if any):** _____

Date of Birth: _____ **Age Division:** _____ **Weight Class:** _____ **Age (on November 1, 2008):** _____

Address (Street, City, Zip): _____

Phone #: (C) _____; (H/W) _____ **Email:** _____

The Participant individually or the parent/guardian with the legal responsibility for the participant listed above, in consideration of your acceptance of said participant's entry, accepts and assumes full responsibility for any and all personal claims arising from this event, and hereby waives, releases, and forever discharges the sponsors of this event, namely Upper Arlington High School, Officials, Representatives, and Staff, Upper Arlington Wrestling Boosters, Upper Arlington School District, and its Representatives, Officials, and Staff, from any and all rights, claims of damages, or injuries, which may occur or may be sustained or suffered by the said participant in connection with, directly or indirectly, training for, traveling to and from, and participating in or attending the Upper Arlington Wrestling Tournament.

Athlete or Parent/Guardian Signature (if under 18): _____ Date: _____

Copy of Entry Form provided by www.OhioWrestler.com with permission of Upper Arlington Wrestling Boosters per Grant McCormick

