

Bluffton Cut-Throat Wrestling Tournament

An OhioWrestler.com TOP 20 Point Scoring Event

Saturday April 4, 2009

Wrestling starts @ 10:00 a.m.

Weigh ins / Registration: Friday April 3rd 5:00-7:00 pm only. Mailed in early registration with actual weight will be accepted. **There are no registration or weigh ins on Saturday. Tournament director will have the right to challenge any call in weight.** Call in weights must be submitted by 7:00 pm Friday April 3rd, **(no emails or faxes will be accepted after this time and date.)** Call in weights may be faxed to (419)-358-5301 or e-mailed to tkleman1103@embarqmail.com

Location: Bluffton High School, New Gym (Jackson St. Doors) 106 W. College Ave.

Rules: Modified high school rules, Two 1 ½ minute periods, each starting in neutral position, sudden death overtime, 12 pt tech fall

Awards: Trophies will be awarded to 1st, 2nd, 3rd, 4th

Refreshments: Food will be served all day

For information contact Travis Kleman (419)-358-4487 or E-mail tkleman1103@embarqmail.com

Entry Fee: \$12.00 before March 28, 2008
\$15.00 after March 28, 2008

Mail early entries to Travis Kleman 11580 Tom Fett Rd. Bluffton, OH 45817

Make checks payable to Cut-Throat Wrestling Club

Tournament Director reserves the right to move wrestlers up or down

Division	Age	Weights
I	7-under	40-45-50-55-60-65-HWT
II	8-9	50-57-64-71-78-85-95-HWT
III	10-11	60-67-74-81-88-95-102-109-120-130-HWT
IV	12-13	77-85-93-101-109-117-125-133-141-HWT
V	14-15	86-95-103-112-120-128-136-144-152-160-171-185-HWT
VI	16-18	105-115-125-135-145-155-170-189-215-230-HWT
VII	OPEN	130-145-155-165-177-195-225-HWT

Limit 400 wrestlers

Proof of age as of April 4th 2009

Name _____ Club _____

Address _____ Birthday _____

City _____ State _____ Zip _____ Phone _____

Division _____ Weight Class _____ Actual Weight _____

Accomplishments _____

In appreciation of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Bluffton Wrestling Club, Bluffton local schools, referees, tournament director, workers and all representatives from any and all claims of right to damages for injuries suffered by me at this tournament.

Parent Signature _____ Date _____

Athlete Signature _____ Date _____

Copy of Entry Form provided by www.OhioWrestler.com with permission of Cut-Throat Wrestling Club per Travis Kleman



OhioWrestler.com
TOP 20 LIST

