

Brooke Cubs Youth Wrestling Tournament

Sponsored by Wendy's Corporation
Saturday, February 21, 2009

Location: Brooke High School, 1 Bruin Dr. Wellsburg, WV 26070

Entries: \$ 20.00 per wrestler. Must be postmarked by February 11, 2009. Limited to the first 400 wrestlers. Pre registration ONLY. NO Call ins- NO Walk Ins !!
Attention No refunds. Any questions call Ken Leonard (304)737-4030 OR Jason Crabtree (304)737-4063

Eligibility: Age as of January 1, 2009 Birth certificates needed if contested.

Rules: Modified Rule, Referee's decisions are final. Unsportsmanlike conduct will result in expulsion from tournament. Double entries are permitted. Period times: (6&U through 12 yrs). 1-1-1; (13-15) 1-1.5-1.5 Sudden Death Overtime.

Weigh- Ins: Friday February 20, 2009 6-8 PM Brooke High Cafeteria and Saturday February 21, 2009 from 7- 8:30 AM NO Scratch meeting. Wrestling will begin at 9:30.

Trophies: Individual awards for 1st – 4th place. All teams with 5 members, including The Cubs, are eligible for team trophies 1st – 4th.

Admission: Adults \$4.00. Students & Seniors \$2.00. Children 2 & under are free.

Concession: Available all day. Please no outside food or drink.

Please make checks payable to : Brooke Cubs
\$20.0 returned check fee. **1500 Pleasant Ave.**
Wellsburg, WV 26070

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Circle age and weight (no weight allowance)
Brooke Cubs reserve the right to combine weight classes if necessary.
6&U 35 40 45 50 55 60 65 HWT (90lb. Max)
7&8 45 50 55 60 65 70 75 80 85 90 HWT (110lb. Max)
9&10 50 55 60 65 70 75 80 85 90 95 100 105 110 115 120 HWT (165lb. Max)
11&12 65 70 75 80 85 90 95 100 105 110 115 120 125 135 150 HWT (185lb. Max)
13,14,&15 78 84 90 95 102 110 116 123 128 135 145 155 171 190 HWT (245lb. Max)

Wrestler's Name _____ **Phone** _____

Address _____

Age as of 1/1/09 _____ **Date of birth** _____ **Weight** _____ **Record: Win** ___ **Loss** ___

Team Name _____ **Coaches Name & Phone** _____

In consideration of your acceptance of this entry, I hereby release Brooke Cubs Wrestling Assoc, Brooke County Schools, the Officials, and all who are affiliated with the tournament, from any claims, liabilities, or Rights to damage for injuries or losses suffered by myself in training, travel to/from, or participation in the Brooke Cubs Youth Wrestling Tournament.

Signature of Parent or Gaurdian _____ **Date** _____

Copy of Entry Form provided by www.OhioWrestler.com
with permission of Brooke Cubs per Regina Crabtree

