

KEVIN WEST MEMORIAL WRESTLING TOURNAMENT

Qualifier - Qualifier Sunday, January 18, 2009 Qualifier - Qualifier
This Tournament Is a Qualifier for the **2009 Ohio Tournament of Champions**
An **OhioWrestler.com TOP 20 Point Scoring Event**

WHERE: Clyde H. S. / 1016 Race Street / Clyde, Ohio 43410

SPONSORED BY: Clyde Wrestling Team and Flier Amateur Wrestling Club

AWARDS: 1st, 2nd, 3rd, and 4th Place Awards in Each Weight Class
Team Trophies for 1st, 2nd, and 3rd Place Teams
Team Points are as follows: 10 - 1st, 7 - 2nd, 4 - 3rd, 2 - 4th

MAIL EARLY ENTRIES TO: **Kandy Thurn / 1950 County Road 264 / Clyde, Ohio 43410**
(419) 547-7565 E-mail address: **ekthurn@yahoo.com**

MAKE CHECKS PAYABLE TO: Clyde Fliers Amateur Wrestling

TOURNAMENT DIRECTORS: Ed Thurn (419) 547-7447 and Ed West (419) 547-7391
CERTIFIED OFFICIALS WILL BE USED

<u>DIVISION</u>	<u>AGE</u>	<u>WEIGHTS</u>
I	6 and Under	WEIGHT CLASSES TO BE
II	7 & 8 Yrs.	DETERMINED DAY OF
III	9 & 10 Yrs.	TOURNAMENT
IV	11 & 12 Yrs. (No Middle School grade wrestlers)	

BIRTH CERTIFICATES MUST BE PRESENTED IF CHALLENGED

ENTRY FEE: \$15.00 Entry Fee Per Wrestler **Early Entry is Recommended.**

WEIGH-INS: January 18, 2009 from 7:00 a.m. to 8:30 a.m.

Call-In Weights, no later than Friday evening at 8:00 p.m., to Kandy Thurn by **Head Coach** only with 10 or more wrestlers and traveling more than 30 miles. Head coaches to pay for **all** entries called-in/e-mailed no later than 8:30 a.m. the morning of wrestling whether they wrestle or not (we put wrestlers on the bracket sheet per the coaches e-mails; therefore that coach is responsible for that payment). Random weight checks will occur. If you have any questions concerning call-in / e-mail weights, please call Kandy Thurn.

ADMISSION: \$3.00/Adults, \$2.00/Students, \$7.00 Maximum per Family

WRESTLING: Begins at 10:00 a.m. for Divisions I, II, and III.
Divisions IV Modified High School Rules Two (2) 1 1/2 Minute Periods

PLEASE PRINT:

NAME _____ TEAM _____

AGE _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

In consideration for acceptance of this entry, I hereby waive and release for myself, my heirs, and administrators - all rights and claims for damage against the Clyde-Green Springs School Board of Education, the Clyde Fliers Athletic Boosters Club, Clyde Wrestling Team, Flier Amateur Wrestling Club or their representatives, of any and all injuries suffered by me at this tournament.

DATE _____ WRESTLER SIGNATURE _____

PARENTS SIGNATURE _____



OhioWrestler.com
TOP 20 LIST

Copy of Entry Form provided by www.OhioWrestler.com with permission of Clyde Fliers Athletic Boosters Club per Ed Thurn

