

Kenston Classic Wrestling Open

An OhioWrestler.com TOP 20 Point Scoring Event

Saturday, March 14, 2009

Ages 5 – 18



OhioWrestler.com
TOP 20 LIST

Location: Kenston High School
9500 Bainbridge Rd
Chagrin Falls, OH 44023

Space Limited to 500 participants!

Weight Classes: All weight classes will be determined after weigh-ins and grouped according to age and weight. We will use 8 & 16-man brackets.

Format: Modified Scholastic rules for all divisions. We will wrestle on 7 mats with staggered age division starts to insure the tournament will move very quickly. Awards for top 4. All computerized scoring and LIVE Internet broadcast of all the action. Everyone gets *minimum* of 3 matches.

Age Division (as of March 1)	Match's(30 sec break between periods)	Start Times	Approx. End Time	non-pre-registered weigh-in windows
5-6	2 x 1.5 minute periods	9:00am	11:00am	8:00am-8:30am
7-8	2 x 1.5 minute periods	10:00am	1:00pm	8:00am-9:00am
9-10	2 x 1.5 minute periods	11:00am	2:00pm	8:00am-10:00am
11-12	2 x 1.5 minute periods	1:00pm	4:00pm	8:00am-12:00pm
13-14	2 x 2 minute periods	2:00pm	5:00pm	8:00am-1:00pm
15-18(no grads)	2 x 2 minute periods	3:00pm	6:00pm	8:00am-2:00pm

Entry Fee: \$20 at Pre-Registration Weigh-ins, \$25 day of Tournament. Checks to Kenston Booster Club.

Pre-Registration and Weigh-in sites: Thursday, March 12, 2009, 5:00pm – 7:00pm at ALL sites

Kenston High School
9500 Bainbridge Rd
Chagrin Falls, OH 44023

Chardon High School
151 Chardon Ave
Chardon, OH 44024

Willoughby South HS
5000 Shankland Rd
Willoughby, OH 44094

MORE Weigh-In sites are listed on our WEBSITE! WWW.KENSTONLOCAL.ORG/KENSTONOPEN/

In consideration of acceptance of my entry, I agree to be legally bound by myself, my heirs, executors, and administrators, waive and release the Kenston Athletic Department/Boosters, Kenston Board of Education, officials, tournament directors, workers and all representatives from any and all claims of right of damages for any injury suffered by me or indirectly as a result of competing at this tournament

Name: _____ Age Division: _____ Birthday: ___/___/___
(PRINT NEATLY!!!)

Address: _____ Club or School: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Signature of Athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Parent Phone Contact: _____ (We will **only** contact you in case of emergency!)
(cell phones are preferred)

Do not write in this area!

Visit our Website for more details and contact info!

WWW.KENSTONLOCAL.ORG/KENSTONOPEN/

Copy of Entry Form provided by www.OhioWrestler.com with
the permission of Kenston Booster Club per Tom Manning

