

NINETEENTH ANNUAL MARTINS FERRY OPEN

This tournament is a qualifier for the TOURNAMENT OF CHAMPIONS held in Columbus, Ohio

WHEN: Saturday, March 21, 2009
WHERE: Martins Ferry High School- 5000 Ayers Limestone Rd., Martins Ferry, Ohio, 43935
RULES: Divisions I-IV will be two 1 ½ minute periods. Divisions V-VII will be modified high school rules with periods being 2-2. Each period begins neutral and lack of activity will result in restarting in the neutral position.
Double elimination. **Weight classes with less than 4 may be combined.**
WEIGH-INS: Friday, March 20 6:00-8:00 P.M. Saturday, March 21 7:00-9:00 A.M

AWARDS: Trophies for first, second, third, and fourth place.
AGE & WEIGHT DIVISIONS: (AGE AS OF DATE OF TOURNAMENT)

- DIV. I (6& UNDER) 35,40,45,50,55,HWT(max 65)
- DIV. II (7-8) 45,50,55,60,65,70,75, HWT.(max 90)
- DIV. III (9-10) 55,60,65,70,75,80,85,90,95,100,HWT(max 120)
- DIV. IV (11-12) 65,70,75,80,85,90,95,100,106,115,125,HWT(max 155)
- DIV. V (13-14) 80,85,90,95,100,106,112,119,126,132,138,145,155,HWT
- DIV. VI (15-18) 103,112,119,125,130,135,140,145,152,160,171,189,215,HWT
- DIV. VII OPEN (18 AND OVER) 134, 146, 158, 170, 184, HWT**

SPECTATOR ADMISSION: ADULTS \$3.00 STUDENTS \$2.00

CONCESSIONS: HOT FOOD SERVED ALL DAY.

NO CALL-INS

ENTRY FEE: Pre-registration \$15.00. Last day for pre-reg. is March 14 AT THE DOOR \$17.00

Make checks to (MFWPA) Martins Ferry Wrestling Parents Association

Mail to: MFWPA
71963 West Road
Martins Ferry, Ohio 43935

FOR INFORMATION CALL Lamont Tucker (740) 633-9741

LIABILITY STATEMENT

In consideration of your acceptance of my entry, I agree to be legally bound for myself, my heirs and administrators, waive and release the Martins Ferry School Board, Martins Ferry High School and the Martins Ferry Wrestling Parents Association representatives and members from any and all claims of damages for injuries suffered by me directly or indirectly from competing in the Martins Ferry Open Wrestling Tournament.

NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____

AGE: _____ DIV. _____ WT CLASS _____ RECORD _____

SIGNATURE OF PARENT – GUARDIAN _____

Copy of Entry Form provided by www.OhioWrestler.com with permission of Martins Ferry Wrestling Parents Assc per Babe Sidon

