



Mount Gilead Youth Wrestling Tournament

An OhioWrestler.com TOP 20 Point Scoring Event

Sunday, March 1st, 2009

Mount Gilead High School

338 Park Avenue, Mount Gilead, OH 43338



OhioWrestler.com
TOP 20 LIST

Ages/Weights:

Division 1	6-under	*Weight classes will be determined day of tournament.
Division 2	7 - 8	40, 47, 53, 60, 65, 70, 77, 90
Division 3	9 & 10	55, 60, 65, 70, 77, 85, 95, 110, 130
Division 4	11 & 12	70, 75, 80, 85, 90, 95, 100, 110, 125, 140, 160

• We reserve the right to modify weight classes as needed.

Match Length: Divisions 1, 2, 3, 4 (3) 1 minute periods

Awards: Medals for 1st, 2nd, and 3rd place finishers.

Brackets: 8-Man Brackets or Pools as determined the day of. **3 FULL MATS will be running for the day.**

Start Times: Divisions 1 and 2 start at 11:00. Divisions 3 and 4 will begin approximately 2:00 pm.

Weigh-ins: Saturday, February 28th from 3:00-5:00pm (All Divisions), and Sunday, March 1st from 8:00-9:30am (Divisions 1 and 2) and from Noon-1:00 (Divisions 3 and 4)

Rules: Modified High School Rules: Double Elimination
10 Point Technical Fall Rule

Food: All day concession stand / **NO COOLERS. CROCK POTS PROHIBITED.**

*Singlets not mandatory (Shorts & t-shirts tucked in are fine. Headgear recommended, but optional.)

*Birth certificate and/or class schedule must be shown if age is challenged!

Costs: \$3.00 Adults \$1.00 Students

Entry Fee: \$15 for Friday night and Saturday afternoon weigh-ins, \$20 for Sunday morning weigh-ins.

Please make checks payable to: **MG Wrestling**

Questions: Contact Marlin Tinch at info@suplexcity.com or call at 419-565-8015

or Mike Williamson at: Cstone@Columbus.rr.com or call at 419-946-2251.

(Return this portion with Entry Fee)

In consideration of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors and administrators, waive and release the Mount Gilead Local School District Board of Education, Mount Gilead Middle School, Highland Athletic Booster Club, representatives, committee members from any and all claims of right to damages for injuries suffered by me directly or indirectly in traveling to and competing in the Mount Gilead Youth Wrestling Tournament.

Name of Athlete (Please Print) _____ School/Club _____

Address _____ City _____ ZIP _____

Phone _____ Grade _____ Age _____ Birth Date ____/____/____

Signature of Parent/Guardian _____ Date ____/____/____

*To be filled out at Weigh Ins: Actual Weight: _____ Division: _____

Weight Class: _____

Copy of Entry Form provided by www.OhioWrestler.com
with the permission of Mount Gilead Wrestling per Mike Williamson

