



Oregon Eagles Wrestling Club Novice Tournament



(2 years experience or less)

Sunday January 25th, 2009

Entry limited to first 350 wrestlers

Weigh-Ins: 6:00- 8:00 p.m. Saturday, January 24th, 2009
7:00- 8:30 a.m. Sunday, January 25th, 2009

Where: Clay High School
5665 Seaman Rd., Oregon, OH 43616

Rules Clinic: 9:30 a.m. Wrestling begins at 10:00 a.m.

Entry Fee: Postmarked before January 17th- \$12.00 Postmarked after January 17th- \$15.00
(Make checks payable to Oregon Eagles Wrestling Club)

Mail Entries to: Oregon Eagles Wrestling Club c/o Mike Sreptock
1944 Pickle Rd. Oregon, OH 43616
Cell Phone: (419)-509-6098 E-mail: sreptock@buckeye-express.com

General Admission: Adults- \$5.00 Students (6 and up)- \$3.00 Family: \$10.00

Food: Concession stand with hot food and beverages served all day

Dress: singlet or t-shirt with shorts- NO SWEAT SUITS

Awards: Medals for 1st, 2nd, 3rd, and 4th place Team Trophies for 1st (48"),
2nd (36") and 3rd (24") place (max 20 per team)

Rules: Modified OHSAA rules. Round Robin style format
Two 11/2 minute periods. 12-point differential ends the match.
Neutral position for all starts and restarts

DIV	Age
0	6& under
1	7-8
2	9-10
3	11-12

Weight classes to be determined day of the tournament

TOURNAMENT DIRECTOR RESERVES THE RIGHT TO COMBINE AND/OR DELETE CLASSES

Name: _____ Age (as of 1/25/09): _____ D.O.B.: ____/____/____

Address: _____ Phone: _____

Wrestling Club: _____ School: _____

Grade: _____ Division: _____

In consideration for acceptance of this entry, I and my legal heirs, executors, and administrators do hereby waive and release "Oregon Eagles Wrestling Club" and Clay High School and the officials or their representatives from any and all claims of damage for injuries suffered by me directly or indirectly while competing or attending this tournament.

Parent Signature: _____ Wrestler Signature: _____

Copy of Entry Form provided by www.OhioWrestler.com with permission of Oregon Eagles Wrestling Club per Mike Sreptock

