

SANDUSKY BIDDY WRESTLING TOURNAMENT

January 4, 2009

LOCATION: Sandusky High School, 2130 Hayes Ave. Sandusky, Ohio 44870

WEIGH-INS: Saturday January 3, 2008 @ the Comfort Inn 2119 Cleveland RD West
Huron, Ohio 44839 from 3:00 pm- 8:00 pm
NO WEIGH-INS ON SUNDAY JAN 4TH

ENTRY FEE: \$15.00 per person. Phone & faxed weights will be accepted with paid pre-registration. All money must be received by January 2, 2009 or you will not be bracketed. You will not need to attend weigh-ins if you state your correct weight on your entry with prepaid registration. Spot checks will be done. Wrestling will begin @ 10AM. Wrestlers should arrive early. Please make checks payable to: **Sandusky High School Wrestling** C/O Tracey Haughn 1420 Lindsley St. Sandusky, OH 44870.

FAXES: Faxed weights will only be accepted during weigh-ins. The fax number is 419-433-0419

TOURNAMENT DIRECTORS: Tracey Haughn & Meg Netherland

QUESTIONS: Please call Tracey Kirksey @ 419-975-0916 / email Trakirksey@aol.com
or you may contact Meg Netherland @ 419-621-0808

ADMISSION: \$3.00 Adults & \$2.00 Students/ Senior Citizens. Concession stand will be open all day.

RULES: High School modified, 12pt tech fall, sudden death overtime, 2 - 1½ min periods & neutral starting position.
Must wear tight fitting clothes.

ELIGIBILITY: Age as of day of tournament. 6th grade and under to participate. Must show proof if challenged.
WE RESERVE THE RIGHT TO ADD, COMBINE, OR DELETE WEIGHT CLASSES!

AWARDS: Awards will be given to the top 3 in each weight class. Team trophies 1st-3rd place for teams of 10 or more.

DIVISIONS: DIV O (6&UNDER) DIV 1(7&8) DIV 2(9&10) DIV 3(11&12)
WEIGHT CLASSES TO BE DETERMINED THE DAY OF THE TOURNAMENT.

HOTEL: Comfort Inn 2119 Cleveland Road West, Huron, OH 44839 Rooms will be \$49.99 per night.
The hotel has an indoor pool. Call 419-433-5359 for reservations.

MY PARENTS, MY FAMILY AND I HEREBY DECLARE THAT UPON MY ACCEPTANCE AS A PARTICIPANT IN THIS TOURNAMENT, I WILL ENTER AT MY OWN FREE WILL. & I WILL NOT HOLD LIABLE IN ANY WAY SANDUSKY CITY SCHOOLS, SANDUSKY BOARD OF EDUCATION, ET AL TOURNAMENT OFFICIALS, REFEREES OR COACHES FOR ANY REASON OF INJURY OR LOSSES I MAY RECEIVE DIRECTLY OR INDIRECTLY WHILE COMPETING IN THE SANDUSKY BIDDY WRESTLING TOURNAMENT.

Name: _____

Address: _____ Phone: _____

Weight _____ Division _____ Age _____ DOB _____

Date _____ Parent's Signature _____

Date _____ Wrestler's Signature _____

*Copy of Entry Form provided by www.OhioWrestler.com with
the permission of Sandusky HS Wrestling per Meg Netherland*

