# Wauseon Wrestling Open

## Novice: 1st and 2nd Year Wrestlers Only

**When**: Sunday, February 1, 2009

**Where**: Wauseon High School - 840 Parkview Ave.

**Pre-registration**: All forms must be turned in by January 22, 2009.
Attention: Michael Geis – P.O. Box 254, Wauseon OH., 43567

**Entry Fee**: $15.00 ($20.00 for Late Registration. All checks payable to Wauseon Wrestling Club

**Questions**: Michael Geis (Tournament Director) @ 419-335-4339 Fax: 419-335-3324
Email: geisenterprises@embarqmail.com

**Weigh-ins**: Saturday, January 31, 2009 - 10:00 to Noon @ Elm Street School
**Must enter doors on west side of school**

**Wrestling Begins**: All divisions will start at 10:00 (Rule clinic 9:30)

**Format**: Round Robin Brackets (4 per bracket) Weight classes will be determined the day of the tournament. The tournament director reserves the right to combine and delete weight classes.

**Rules**: FIRST AND SECOND YEAR WRESTLERS ONLY
Modified High School Rules **Sudden Victory Overtime ** 12 pt. Tech Fall.
**All Divsions:** Two 1 ½ min. periods All Neutral position. Birth Certificate required if age is challenged.

**Wrestling attire**: Singlet or T-shirt tucked into shorts - No sweats or loose fitting clothing

**Divisions**: 6 and under - DI | 7 and 8 – DII | Age as of date of tournament
9 and 10 – DIII | 11 and 12 – D IV

**Awards**: All Wrestlers Will Get An Award

**Admission**: Adults $4.00 Students $2.00 Family $8.00

**Concessions**: Hot food and beverages served all day

---------- Cut and return bottom portion only ----------

NAME (Print)_____ Age_____ Division_____ Birth Date_____

Address_____City/State/Zip_____

Email address_____School/ClubName_____

Novice____ Years Exp. _____ State/National Placer Y / N Place_____

In Consideration for acceptance of this entry, I hereby waive and release for myself, my heirs and administrator, all rights and claims for damages against Wauseon High School, Wauseon Parks and Recreation, Wauseon Wrestling Club, WWC Wrestling Tournament personnel, or their representatives for any and all injuries suffered by me at this tournament.

Parent/Guardian Signature/Date _____ Phone _____

Wrestler Signature/Date _____

----------**Do not write below this line - Tournament use only**----------

**Paid** _____Cash _____Check (check #_____) **Official Weight**_____

***Copy of Entry Form provided by www.OhioWrestler.com with permission of Wauseon Wrestling Club per Michael Geis***