

WAYNE TRACE WRESTLING TOURNAMENT

Tournament Director - George Clemens, Jr.

Saturday, March 28th, 2009

Ohio Tournament of Champions Qualifier

An OhioWrestler.com TOP 20 Point Scoring Event



WAYNE TRACE HIGH SCHOOL, St. Rt. 127 STARTING TIME 10:00 a.m. SHARP
 Entry Fee: \$12.00 if postmarked by March 17th, \$15.00 there after
 OhioWrestler.com
TOP 20 LIST

There are no registration or weigh ins on Friday or Saturday.

HOW DO I ENTER TOURNAMENT: Fill out entry, list actual weight & mail. Once received, you are entered.
 You may call or e-mail to verify we received your entry.

Tournament director will have the right to challenge actual weights listed.

THERE WILL BE NO ENTRIES ACCEPTED AFTER MARCH 25TH

(This tournament is open to the first 450 entries received.)

Early pre- registration is recommended, In 2008, approximately 250 wrestlers were turned away.

HOW DOES A TEAM COMPETE: The coach of a team or club will submit a team roster on Saturday morning, no later than 10:00 am, listing only up to Twenty of his best wrestlers.
 (all from the same club) No mixing of club Rosters.

RULES: Modified H.S. rules, Double elimination, Two 1½ Minute periods, No Referee's position, 12 point tech. fall. Sudden death overtime. Trophies will be awarded: 1st, 2nd, 3rd, 4th Team Trophy: 1st, 2nd, 3rd, 4th
 Breakfast Will be served, also hot food all day. (BEST ANY WHERE)

FOR INFORMATION CONTACT George Clemens III at (419)258-1522.

E-Mails can be sent to antpd@mchsi.com faxes to (419)258-2636

DIVISION	AGE	WEIGHTS
0	7&under	40-45-50-55-60-67-HWT
1	8&9	50-57-64-71-78-85-95-HWT
2	10&11	60-67-74-81-88-95-102-109-120-130-HWT
3	12&13	77-85-93-101-109-117-125-133-141-HWT
4	14&15	86-95-103-112-120-128-136-144-152-160-171-185-HWT
5	16-18	105- 115-125-135-145-155-170-189- 215-230-HWT
6	Open	145-153-165-177-195 -225-HWT

Proof of Age required as of March 28, 2009 Tournament Director Reserves the right to move Wrestlers up or down.

MAIL EARLY, ENTRIES TO: George Clemens, Jr. 17483 Rd. 108 Paulding Ohio, 45879

Make Checks payable to **Wayne Trace Wrestling Club**

PLEASE PRINT & fill out completely. Incomplete entries will be returned.

Name _____ Team Name _____

Address _____ Birthday _____ Age _____

City _____ State _____ Zip _____ PHONE _____

DIVISION _____ Weight class _____ Actual weight _____

In consideration for acceptance of this application, I hereby waive and release for myself and my heirs and administrators any and all rights and claims for damage against the WAYNE TRACE WRESTLING CLUB, and WAYNE TRACE HIGH SCHOOL for any and all injuries suffered by me at this tournament. Please indicate wrestling skill, excellent _____ good _____ beginner _____

Parent Signature _____ Date _____

Athlete Signature _____ Date _____

Copy of Entry Form provided by www.OhioWrestler.com with permission of Wayne Trace Wrestling Club per George Clemens

