

# 4<sup>th</sup> Annual Lima Bath Brawl

## Smackdown on Slabtown

\*\*\* An OhioWrestler.com Top 20 Point Scoring Event \*\*\*  
An Ohio Tournament of Champions Qualifying Event



WHERE: Bath High School  
2850 Bible Road  
Lima, Ohio 45801

WHEN: Saturday March 27<sup>th</sup>, 2010

WRESTLING BEGINS: 10:00 AM

WEIGH INS: Friday, March 26th – 6:30 – 8:30 pm  
Saturday, March 27th – 7:00 – 8:30 am

ENTRY FEE: \$15.00 if postmarked before March 22<sup>nd</sup>, 2010,  
\$18.00 if postmarked after March 7th or at walk-in registration.  
Mail entry form and make check payable to: Bath Youth Wrestling  
2699 Autumn Ridge Dr.  
Lima, Ohio 45801

FORMAT/RULES: Modified high school rules for all divisions, 12 point technical fall, double elimination, bout length 1-1-1 (neutral, choice, choice), maximum 8 man brackets, brackets with 4 or less will be round robin, sudden death overtime. Certified officials will be used. **We reserve the right to combine weight classes.**

AWARDS: Custom Tournament Trophies for 1<sup>st</sup> through 3<sup>rd</sup> place.  
ADMISSION: \$3.00 for adults, \$1.00 students, or \$5.00 for a family  
CONCESSIONS: Served all day in the cafeteria

DIVISION	AGE	WEIGHTS
I	6 and under	40-45-50-55-60-65-HWT
II	7 and 8	45-50-55-60-65-70-75-HWT
III	9 and 10	55-60-65-70-75-80-85-90-100-115-HWT
IV	11 and 12	65-70-75-80-85-90-95-105-115-130-145-HWT
V	13 and 14	75-80-85-90-95-100-110-120-130-140-155-170-HWT
VI	15 to 18*	97-104-111-118-125-135-145-155-165-175-185-200-HWT

\* must be in high school

QUESTIONS? Contact Person: Lewie Chandler @ 419.230.3502 or [tchandler1@woh.rr.com](mailto:tchandler1@woh.rr.com)  
Age as of the tournament date. Have proof of age available the day of the tournament in case of questioning

I hereby give permission to the child listed on this form to wrestle at this tournament. My signature below releases all sponsoring bodies, their officials and referees from any and all legal claims or rights to damage for injuries or losses suffered by my child or myself directly or indirectly while training for, traveling to and from, or participating in this event.

WRESTLER: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_ DIVISION: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Signature of Wrestler: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Copy of Entry Form provided by [www.OhioWrestler.com](http://www.OhioWrestler.com)  
with permission of Bath Youth Wrestling per Lewis Chandler

