

LICKING VALLEY WRESTLING



"Tournament of Champions Qualifier"

*** An OhioWrestler.com TOP 20 Point Scoring Event ***

Sunday, FEBRUARY 7, 2010



**LICKING VALLEY HIGH SCHOOL: 100 Hainsview Dr.
Newark, OH, 43055**

**ENTRY FEE: \$15.00 if Pre-Registered by Feb. 7th, 2008. \$20 for walk-ins.
(CHECKS PAYABLE TO: LICKING VALLEY WRESTLING)**

AWARDS: TO THE TOP FOUR FINISHERS

AGE DIVISIONS

TOTS (6&UNDER)

BANTAM (7-8)

MIDGET (9-10)

JUNIOR (11-12)

INTERMEDIATE (13-14)

WEIGHT CLASSES

35-40-45-50-55-60-HWT.

45-50-55-60-65-70-75-80-95-HWT

50-55-60-65-70-75-80-85-90-100-115-HWT

65-70-75-80-85-90-95-100-105-112-120-125-130-140-155-HWT

85-90-95-100-108-115-123-130-138-144-150-160-175-HWT



**OhioWrestler.com
TOP 20 LIST**

**WT. CLASSES ARE APPROXIMATE AND MAY BE ADJUSTED TO MAXIMIZE THE # OF MATCHES PARTICIPANTS WILL RECEIVE.
THIS IS A POOL TOURNAMENT.**

YOU WILL WRESTLE EVERYBODY IN YOUR POOL or Bracket depending on Number of wrestlers.

WEIGH-INS: will be, Sunday, FEB 7, 7:00-9:00 am. In Licking Valley Wrestling room.

RULES: Modified High school rules. 2- 1 ½ minute periods. Birth Certificates must be shown.

**WRESTLERS MAY ENTER MORE THAN ONE DIVISION, BUT MAY ONLY ENTER ONE WEIGHT CLASS A DIVISION.
AN EXTRA ENTRY FEE MUST BE PAID TO DO THIS.**

Breakfast will start being served at 7:00am. Cafeteria will be opened all day.

Wrestling Starts at 10:00am

Tournament director, Jeremy Tate (740)-787-2161, email: JeremyTate@Yahoo.com

SEND REGISTRATION: Jeremy Tate 10998 Hewitt Rd. Newark Ohio 43056 (No later than Feb.7)

COMPLETE THIS FORM AND BRING IT FOR EVERY WRESTLER ENTERED. OR SEND REGISTRATION IN

NAME _____ PHONE() _____

BIRTH DATE _____ AGE _____ TEAM _____

ADDRESS _____ CITY _____

IN CONSIDERATION OF MY ENTRY, MY LEGAL HEIRS AND I HERBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST Licking Valley HIGH SCHOOL, TOURNAMENT OFFICIALS, SPONSORS OR ADMINISTRATION FOR ANY AND ALL INJURIES SUFFERED BY ME IN CONNECTION WITH SAID WRESTLING TOURNAMENT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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