



**PORT CLINTON WRESTLING TOURNAMENT
SATURDAY MARCH 20, 2010**



**SPONSORED BY THE PORT CLINTON WRESTLING CLUB, INC.
*Qualifier for the State Tournament of Champions***

Location: Port Clinton High School, 821 S. Jefferson St., Port Clinton, Ohio
Entry: \$12.00 postmarked by March 13, 2010 (Early entries recommended)
 \$15.00 after March 13, 2010
Checks Payable to: Port Clinton Wrestling Club
Mail to: Port Clinton Wrestling Club / P.O. Box 674 / Port Clinton, Ohio 43452
Questions: e-mail Tpope@margaretta.k12.oh.us or 419-967-0907
Weigh-in: ABSOLUTELY NO PHONE-IN WEIGHTS March 19, 2009 - Friday 7:00 - 8:30 pm
 Must weigh-in at Tourney site
 March 20, 2009 Saturday Division 0,I,II 6:30 –8:00 am.
 Division III,IV,V 8:30-10:00a.m

DIVISION	AGE	WEIGHTS
0	6 AND UNDER	
I	7 - 8 YRS.	<u>All weights will be determined at the tournament.</u>
II	9 - 10 YRS.	
III	11 - 12 YRS.	
IV	13 - 14 YRS.	
V	15 - 18 YRS.	(By date of tournament, must be 18 or younger and enrolled in high school to participate)

*Birth certificate must be presented if challenged.

Time: Wrestling begins at 9:00 am for 0, I, II; Approx. 12:00 pm for III, IV, V
Rules: (2) 1 1/2 minute period - No referees position - out of bounds or lack of activity results in neutral start. - 10 point tech fall. - Sudden death O.T. - Double elimination or round robin, pending in numbers, except in championship final - CERTIFIED WRESTLING OFFICIALS.
Dress: Shorts & T-shirt - prefer singlet (no sweats)
Awards: 1st, 2nd, 3rd, 4th place
Admission: Adults: \$3.00 Students: \$2.00 Family Pass \$6.00
 Hot and cold food served all day. (No coolers in gymnasium)

-----PLEASE PRINT-----

NAME _____ PHONE _____

ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE(as of 3/20/10) _____ WEIGHT _____

In consideration for acceptance of this entry for the Port Clinton Wrestling Tournament, March 20, 2010, I hereby waive and release for myself, my heirs, and administrators, all rights and claims for damage against the Port Clinton School Board of Education, the Port Clinton Wrestling Club, the Port Clinton wrestling team, sponsors, committees, and officials from any and all injuries suffered by me directly, or indirectly, at this tournament.

DATE _____ WRESTLER SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

NOTE: THIS ENTRY FORM WILL NOT BE ACCEPTED UNLESS ALL SIGNATURES ARE PRESENT!!!!

Copy of Entry Form provided by www.OhioWrestler.com with permission of Port Clinton Wrestling Club per Josie Matthews

