

DEPOSIT DOUG LOBDELL YOUTH TOURNAMENT

DATE: January 13, 2018

PLACE: Deposit Elementary School
171 Second St
Deposit NY 13754

TIME: Check in: 7:00 – 8:00 am Wrestling starts at 9:00 A.M

REGISTRATION: Pre-register only. Must receive form in the mail by Wednesday January 11, 2017

Make checks payable to: Deposit youth wrestling club

Mail form and fee to: Deposit Youth Wrestling Club

PO Box 54

Deposit NY 13754

NO ENTRIES ACCEPTED AFTER WEDNESDAY 1/10/18

WEIGH-INS: Honor Weigh In
Random weight checks will be done by tournament committee. One wrestler per team.

ENTRY FEE: \$ 25.00 PER WRESTLER

ADMISSION: \$3.00 ADULTS, \$1.00 CHILDREN, UNDER 5 FREE

RULES: 4-6 Man Round Robin

NYS High School Modified, Bout Time 1 min. – 1 min. – 1 min.

NO JV OR VARSITY EXPERIENCE

Criteria for 1st through 6th place: 1. Won/loss record 2. Head to head winner 3. # Of pins 4. Total points.

DIVISIONS: 6 & UNDER, 7 & 8, 9 & 10, 11 & 12, 13 & 14.

Note: Tournament committee has the right to combine or eliminate weight classes.

Madison style weight groupings in a six man bracket (Maximum 10% difference)

Weight may be challenged in the 1st round only. Both Wrestlers must weigh in & must be within 2 pounds of weight listed on form and they will be disqualified, no refunds. \$25.00 to challenge.

AWARDS: 1ST PLACE – 3RD PLACE – TROPHIES

4TH – 6TH PLACE – MEDALS

Team trophies 1st, 2nd, and 3rd

****GENE MILLS QUALIFIER*****

CONCESSIONS: Food and Beverage will be available all day.

TOURN INFO: Emily Wright 607-768-2079 email: ewright@bwrehab.com

NAME _____ DIVISION _____ ACTUAL WEIGHT _____

ADDRESS _____

STATE _____ ZIP CODE _____ PHONE _____

AGE _____ DOB _____ SCHOOL/CLUB _____

LAST YEARS RECORD W _____ L _____ YEARS WRESTLED _____

I hereby assume full responsibility for my child/ children in case of injury and loss of personal belongings while traveling to and from, and/ or participating in the Deposit Doug Lobdell Youth tournament. I will not hold Deposit Central School District, coaches and staff responsible for liability.

PARENT/ GUARDIAN SIGNATURE _____ DATE _____