



JOHNSON CITY'S CORK ARMSTRONG
HALL OF FAME WRESTLING FESTIVAL
ROUND ROBIN TOURNAMENT

Saturday, January 5, 2019



Place: Johnson City **High** School, 666 Reynolds Road, Johnson City, NY 13790

Time: Check in 7:00am – 8:00am, wrestling starts: 9:00 am

Entry Fee: \$25.00 made payable to Johnson City Wrestling Club

Entry Deadline: Pre-registration: Entries must be post marked by December 28, 2018. NO WALK-INS

Weigh-ins: No weigh-ins. We are using the honor system. Put actual weight on form. Wrestler's weight may be challenged prior to the end of the first round of wrestling for a fee of \$20. If you win challenge you will get your money back and wrestler will be disqualified without refund of registration if they are over. Wrestler must be within 2 lbs of their registered weight. No refunds if challenge is failed.

Weight Class: Madison style bracketing to group the wrestlers together in groups of 5 (some groups will have 3, 4 or 6 wrestlers depending on the turnout).

Criteria: 1st criteria: win/loss record
2nd criteria: head to head winner
3rd criteria: number of pins (forfeits count as a pin)
4th criteria: total points
5th criteria: total takedowns

Age: Age as of date of tournament.

Divisions: 6 & Under 7 & 8 9 & 10 11 & 12 13 & 14 (no JV/Varsity Experience)

Admission: \$3.00 for Adults / \$2 for children

Awards: T-Shirts for 1st Place, Medals for 2nd and 3rd

Contacts: Jon Colgan: 607-206-4241 Tina Bidwell: 607-743-2430
Email: jcwrestlingclub2018@gmail.com

Mail entries: Tina Bidwell, 92 Virginia Avenue, Johnson City, NY 13790

concessions will be available all day

Wrestler's Name _____ D.O.B. _____ Age _____ Weight _____

Address _____ Phone Number _____

School / Team _____

2017-2018 Record _____ Past Honors _____

I certify that the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release the Johnson City School District, the Johnson City Wrestling Club, its officers and the tournament referees from liability for injury or loss suffered by me or my wrestler directly or indirectly as a result of this tournament.

Parent's Signature _____ Date _____