

# Midwinter R\_R Powered by SWA

**LOCATION:** Pal-Mac High School – 151 Hyde Pkwy, Palmyra, NY 14522

**WHEN: Sunday, February 18 WHAT:** Round Robin

**Weigh-In:** 7:30-8:30 am **\*Must be within 1LB of stated registration weight** **START TIME:** 10.00 am

**ENTRY FEE: \$25.00**

**Limited To First 300 Paid Entries!!!**

**REGISTRATION:** Please fill out registration form and **Mail** check/form to arrive no later than February 13, 2018

**Mail Checks/Entries Form To:** SWA - 142 West Jackson St, Apt #3, Palmyra, NY 14522

**E-MAIL ENTRIES To –** [smokinferro@yahoo.com](mailto:smokinferro@yahoo.com) By February 13, – Include Name, DOB, Grade, Experience, School/Club & Phone #.

**RULES:** NYS Certified Refs.

K-2<sup>nd</sup>, 3<sup>rd</sup> – 4<sup>th</sup>, 5<sup>th</sup> - 6<sup>th</sup> 3 -1 minute periods.

7<sup>th</sup> – 8<sup>th</sup>, and HS 1.5,1.5,1.5 minute periods.

**DIVISIONS:** K-2<sup>nd</sup> , 3<sup>rd</sup> – 4<sup>th</sup> , 5<sup>th</sup>- 6<sup>th</sup> , 7<sup>th</sup> - 8<sup>th</sup>, & High School (All Exp.Welcome) **We Will Separate by Exp. The Best We Can**

**MEALS:** Food Served all day **RAFFLES:** 50/50

**Please Make Check & Money Orders Out to:** SWA

**Mail Entries Form To:**

SWA

142 West Jackson St Apt #3

Palmyra, NY 14522

**Contact Info:** Gary - Cell# (607)743-8533 or [smokinferro@yahoo.com](mailto:smokinferro@yahoo.com)

-----MAIL FORM BELOW ONLY-----

**INDIVIDUAL WRESTLER ENTRY FORM – Fill Out Entire Form Please!!!**

NAME: \_\_\_\_\_

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

EXACT WEIGHT.: \_\_\_\_\_ DIVISION: \_\_\_\_\_ YEARS EXP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL/CLUB: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ GRADE-IN-SCHOOL \_\_\_\_\_

*In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Pal-Mac HS, Superior Wrestling Academy, it's agents, representatives, successors and assigns for any and all injuries suffered by my child at said tournament. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament.*

**PARENT'S SIGNATURE:**

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