

SWA NCAA WEEKEND BASH

Powered by Superior Wrestling Academy

Split Session

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

WHEN: Sunday March 24, 2019

WHAT: Round Robin or Bracket Style

WEIGH-IN: Session 1 - 7:45-8:30 am **K-2, 3-4, Girls** (Must be within 2lbs of registration weight)
Session 2 – 7:45 -11 am **5-6, 7-8 & HS**

START TIME: Session 1 @ 9:30am Session 2 @ Immediately follows 1 **ENTRY FEE:** \$30.00

LIMITED TO First 300 Paid Entries!!! 1st Come 1st Serve

REGISTRATION: Please fill out registration form and **Mail** check/form to arrive no later than March 21st

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

or

E-mail Entries To – smokinferro@yahoo.com By March 23rd , – Include Name, DOB, Grade, Experience, School/Club & Phone #

Make payment via PayPal using superiorwrestling@gmail.com

RULES: NYS Certified Refs – HS Rules – OT: 1 min neutral then 30 second sudden victory

K-2nd, 3rd - 4th, 5th - 6th (3) - 1:15 minute periods.

7th – 8th & HS (3) - 1.5, minute periods.

DIVISIONS: K-2nd, 3rd - 4th, 5th- 6th, 7th - 8th, HS & Girls (All Experience Welcome)

We Will Separate by Experience the Best We Can

AWARDS: 1st - Custom Singlets 2nd – 5th Rings, Trophies & Medals

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

Mail Entries Form & Make Checks/Money Order Out To:

SWA

142 West Jackson St Apt #3

Palmyra, NY 14522

Contact Info: Gary - Cell# (607)743-8533 or 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, E insurance, 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:

X _____