

4TH Annual Bolivar-Richburg Jr. Wrestling Club Youth Wrestling Tournament

March 14 2009

- Registration:** PRE-REGISTRATION REQUIRED BY WED. MARCH 11TH
PAYMENT REQUIRED WITH REGISTRATION FORM. NO WALK-INS.
****Ohio Tournament of Champions Qualifier****
****Gene Mills Qualifier****
- Place:** Bolivar Richburg High School- 100 School Street Bolivar, New York
Doors open 7:00 a.m. wrestlers must arrive by 8:00 to check-in & remain on bracket
- Entry Fee:** \$15.00 per wrestler must be received by Wednesday, March 11th. NO REFUNDS
Make checks payable to Bolivar-Richburg Youth Wrestling Club \$20 charge on returned checks
Wrestler may enter more than one age or weight group with registration fee for each entry.
There will be no rest period granted if wrestler enters more than one bracket.

Mail to: Tasha Howard 170 Wellsville St. Bolivar NY, 14715

Weigh-ins: 7:00 - 8:30 With Coaches and Seeding Meeting Immediately Following (8:45)
Combination of brackets if needed, will be determined by coaches at seeding meeting
Wrestling will begin ASAP at the conclusion of the coaches meeting.

Requirements: Ages 4 to 16 as of March 14, 2009. Proof of age needed if challenged.
Singlets or gym shorts, no long pants.

Divisions:
6 & under...40,45,50,55,60,65,HWT (Max 85)
7-8...45,50,55,60,65,70,77,85,95,HWT(Max120)
9-10...55,60,65,70,77,85,93,100,108,115,HWT(Max135)
11-12...65,70,77,85,93,100,108,115,123,130,HWT(Max160)
13-14...77,85,90,97,103,112,119,125,132,140,150,160,171,HWT(Max200)
15-16...97,103,112,119,125,132,140,150,160,171,189,HWT(Max250)

Format: Double elimination - 8 man brackets when possible - Three 1 minute periods-
NY State High School rules. Referees decisions are final.

Admission: \$3.00 Adults, \$1.00 Students Two coaches per team admitted free.

Awards: 1st through 4th place in each bracket.

Refreshments: Available all day. Food will be served in the cafeteria. No food in the Gym.

Any questions contact : Al Davis @ 585-928-1378 aldavis3477@yahoo.com

Malisa Sibble @ 585-968-2759 malisa@stny.rr.com

Tanya Bolon @ 585-933-3638 tanny_73@yahoo.com

Entry Form--(Please Print Clearly)

Name	Age	Division	Weight
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Team Name	Date of Birth	Phone#
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I hereby, for my child and myself release the Bolivar Richburg Wrestling Club, the Bolivar Richburg Central School, the Allegany County School District and all officials of this tournament from any claims, liabilities, or the rights to damages for any injuries or losses suffered by my child or myself directly or indirectly in the training for, traveling to and from, and participation in the Bolivar Richburg Wrestling Tournament. **I HAVE MY OWN INSURANCE.**

SIGNATURE OF LEGAL GUARDIAN _____ DATE _____