

2011 SHINGLEHOUSE BRAWL

SATURDAY, DECEMBER 31ST

PRE-REGISTRATION ONLY

PLACE: OSWAYO VALLEY JR.-SR. HIGH SCHOOL
318 S. OSWAYO ST. SHINGLEHOUSE, PA 16748

DATE: DECEMBER 31ST, 2011

TIME: WEIGH-INS – 7:00 TO 8:30 A.M. Coaches Meeting at
9:00 a.m. – Wrestling starts immediately after.

ENTRY FEE: \$20.00 per wrestler. All checks are payable to
Shinglehouse Wrestling Club

REGISTRATION FORMS MUST BE RECEIVED BY
DECEMBER 28TH, 2011

All forms can be mailed to: Chris Bickel – 990 Eleven Mile Road
Shinglehouse, PA 16748 or by calling
814-698-2450 or email:
bicfam99@frontiernet.net

Admission - \$3.00 adults - \$1.00 student & child – Cafeteria is open all day!!

****Individual Team trophies for 1st, 2nd and 3rd place****

DIVISIONS AND WEIGHT CLASSES – AGE AS OF DECEMBER 31ST
WRESTLERS ENTERING MORE THAN ONE CLASS WILL NOT BE GIVEN
TIME ALLOWANCE. NO CHANGES AFTER DEC 28TH - NO WEIGHT
ALLOWANCE WILL BE ACCEPTED.

6 & Under: 40, 45, 50, 55, 60, HWT (MAX 80)

7 & 8: 45, 50, 55, 60, 65, 70, 75, 80, 90, HWT (MAX 120)

9 & 10: 55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 120, HWT (MAX 150)

11 & 12: 65, 70, 75, 80, 85, 90, 95, 100, 110, 120, 130, 140, 160, HWT (MAX 200)

13 & 14: 77, 82, 87, 93, 97, 103, 110, 119, 125, 132, 140, 150, 170, HWT (MAX 250)

NO VARSITY WRESTLERS PLEASE

This is a double elimination tournament. All bouts will be 1-1-1 except 13&14: 1- 1
½-1 ½ – Sudden death overtime – Two 30 second periods.

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OFFICIAL ENTRY BLANK FOR THE SHINGLEHOUSE BRAWL

Name: _____ **Team:** _____

Age Group: _____ **Weight** _____ **Birth Date** _____

Phone _____ **Address** _____

Level of Experience (1-Novice – 5 – Excellent) 1 2 3 4 5

Years of Experience _____

I hereby give this boy/girl permission to wrestle in the Shinglehouse Brawl and release all sponsors, officials, and referees from any claims or injuries suffered as a result of this tournament.

_____ **Parent Signature**

_____ **Wrestler Signature**