

# 1<sup>st</sup> Annual Graham Fall Brawl

## 2016 Graham Fall Brawl

Location: Graham High School  
7790 W US HWY 36  
St. Paris, OH 43072

Date: Saturday, October 22, 2016

Weigh-ins: Saturday – October 22, 2016 7:00 – 9:00 am

Start Time: Gates Open at 7:00 am / Wrestling Starts at 10:00am

Entry Fee: \$20 Entry Fee day of tournament  
\$10 for any additional bracket per wrestler  
Early bird registration only \$15



Mail entry to: [ffwrestlingclub@gmail.com](mailto:ffwrestlingclub@gmail.com) Postmark by Oct. 14 for \$15 rate.

or Graham Future Falcons Payment: Mail check payable to Future Falcons Wrestling Club  
13094 Tammy Marie Lane or send PayPal payment  
St. Paris, OH 43072 to [ffwrestlingclub@gmail.com](mailto:ffwrestlingclub@gmail.com)

## Divisions & Weight Classes

Division	Age day of event	Weight Classes
D1	5-6	40,45,50,55,60,70,Hwt
D2	7-8	45,50,55,60,65,70,75,85,Hwt
D3	9-10	55,60,65,70,75,80,86,93,100,115,Hwt
D4	11-12	65,70,75,80,85,92,100,110,120,130,140,Hwt
D5	13-14	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt
D6/7	15-19	106,113,120,126,132,138,145,152,160,170,182,195,220,285
Masters	19 and up	133, 141,149,157,165,174,184,197,215,285

## Graham Fall Brawl ~ Graham Fall Brawl ~ Graham Fall Brawl ~ Graham Fall Brawl

### Style/Rules:

- Modified Scholastic Rules
- Tournament Director Reserves the Right to Combine Weight Classes As Needed
- D1-3, Three (3) One Minute Periods w/ Sudden Death OT in case of tie
- D4-6/7, Three (3) One and a half Minute Periods w/ Sudden Death OT in case of tie

Awards: Top 3 Finishers Receive an award!

Great Concessions All Day! No Crockpots or Large Coolers Allowed!

Admission: \$5 Adults / \$1 Kids ages 6+ / Kids 5 & under Free! / \$10 per family

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In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Graham Future Falcons Wrestling Team, Graham High School, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

WRESTLER'S NAME (PRINT LEGIBLY) \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ CLUB or SCHOOL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ DIVISION \_\_\_\_\_ WEIGHT \_\_\_\_\_

Age Group Classification: A wrestler's age on date of tournament will determine his or her age group.

SIGNATURE OF ATHLETE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_