



# 2<sup>nd</sup> Annual Pin Suicide

## Gable Connors Memorial Scholarship Tournament

### Saturday, July 29, 2017

Tournament will be run in 3 sessions. **We will start on time for all sessions and run quickly!!!**

**Location:** Maysville High School Gym, 3715 Panther Dr. Zanesville, OH 43701

AGE DIVISION IS BASED ON AGE ON DAY OF TOURNAMENT

DIV	WEIGHT CLASSES	WEIGH-IN	START TIME
D1: 6 & UNDER	WEIGHT CLASSES WILL BE DETERMINED AFTER	7:00-9:00 a.m.	10:00 a.m.
D2: 7-8	WEIGH-IN. NO WRESTLER WILL WRESTLE	7:00-11:00 a.m.	12:00 p.m.
D3: 9-10	ANYONE MORE THAN 10% HEAVIER	7:00-9:00 a.m.	10:00 a.m.
D4: 11-12	WITHOUT PARENT OR COACH PERMISSION	7:00-11:00 a.m.	12:00 p.m.
D5: JUNIOR HIGH		7:00-11:00 p.m.	12:00 p.m.
D6: HIGH SCHOOL (NO GRADUATES)		7:00-1:00 p.m.	2:00 p.m.
D7: MASTER'S (18+)		7:00-1:00 p.m.	2:00 p.m.

**Awards:** 1st place finishers in D1-D7 receive **PIN SUICIDE TROPHIES.**

2<sup>nd</sup> and 3<sup>rd</sup> place in D1-D7 receive Pin Suicide medals.

**Entry Fee: \$30 – If you pre-register before July 24<sup>th</sup> you receive a PIN SUICIDE T-SHIRT**

**Match Length:** 3 -1 minute periods. 10 pt TECH FALL. "Sudden Victory" OT 1<sup>st</sup> point scored wins, no time limit.

**Rules:** Modified Scholastic Rules will be used for all divisions. Tournament will be double elimination or round robin.

Tournament Director reserves the right to combine weight classes upon need.

**Admission:** \$5 Adult, \$3 Student or \$10 Family

**Concessions:** Will be served all day. No coolers or crockpots or carry-ins.

**Contact Information:** Ric Roe: [ricroe7408911970@gmail.com](mailto:ricroe7408911970@gmail.com), Phone/Text: 740-891-1970

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Maysville High School, A+ Sportswear, tournament 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.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE : \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_  
 E-MAIL \_\_\_\_\_  
 AGE DIVISION \_\_\_\_\_ WT CLASS \_\_\_\_\_  
 SIGNATURE OF ATHLETE \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

**T-SHIRT SIZE YS YM YL YXL S M L XL (pre-register only)**

**Please send check and registration form to:**

**Maysville Youth Wrestling, 4845 Old Coopermill Rd., Zanesville, OH 43701**