45th Annual Trinity "Hiller Classic"

Date:	Saturday, Janu	ary 10, 2026				
Location:	Trinity Area SF	R High School, 231	ol, 231 Park Ave. Washington, PA 15301 (Gym Entrance at rear of School)			
Start Time:		Under, and 12 & Under Under, 10 &Under, and 15 & Under				
Eligibility:		termined by age as of $12/31/2025$. Proof of age will be required if challenged also provide proof of age. NO Varsity Experience		ed; challenging		
Rules:	Silent Tournam are final. All m	nent. Wrestlers mu atches will be (1,1 00 with :30 ride-o	nation format with true second. All wrestlers must make weight. This is a t wrestle to receive awards. Decision of Referees and Tournament Director) except 15 & Under (1:30, 1:30, 1:30). ALL consolation matches are (1,1,1) : Sudden Death. Brackets may be combined or split at the tournament			
Weigh-Ins:	1-09-26 6:00PM - 8:00PM All Divisions (auxiliary gym) 1-10-26 6:30 AM – 7:30 AM All Divisions (auxiliary gym) 1-10-26 11:30 AM – 12:30 PM 6 & U, 10 & U, and 15 & U (auxiliary gym)					
Entry:	Entry Fee is \$40 Online Registration per entry. Enter at pywrestling.com					
	300 wrestler l	i mit. Double ent		26. NO Exceptions. No Walk ige divisions for two entry fees.		
Admission:	designated eat	Adults \$10.00, Students are Free. Concessions and Hot food will be available all day including breakfast. Use designated eating areas only. NO FOOD OR DRINK IS PERMITTED IN GYMNASIUMS. Trinity Area School District is tobacco free. No Smoking or tobacco on school grounds.				
Awards:	Large Custom medals for places 1^{st} – 4^{th} .					
45th Annua Circle division and	l Trinity "Hiller Cla	assic"		Saturday, Janı	ıary 10, 2026	
weight class You Want To Enter & Write. Below To Confirm	6&U Under 8&U Under 10 & Under 12 & Under 15 & Under	35, 40, 45, 50, 55, 60, 65, 75, 100 Max 45, 50, 55, 60, 65, 70, 75, 80, 90, 100, 120 Max 55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 120, 150 Max 65, 70, 75, 80, 85, 90, 95, 100, 105, 115, 125, 135, 145, 82, 89, 96, 103, 110, 117, 124, 132, 140, 147, 157, 172,		0, 150 Max 125, 135, 145, 160, 200 Max		
Name:						
Division:		Weight:	Actual Weight			
Address:		_ City:	State:	_ Zip Code:		
harmless the Trinity		y Wrestling Club, and		e to waive any and all claims and inde ment for any injuries, or damages I m		
Parent Or Guard	lian Signature:			Date:		