

# 9th Annual Archer Open

(Limited to first 300 wrestlers)

**SATURDAY APRIL 1, 2017 AT 10:00 AM FOR ALL DIVISIONS**

Antwerp High School – 303 South Harrmann Rd., Antwerp, OH 45813

Do **NOT** mail entries to school (see below for mailing information)

**\*THIS IS A TOURNAMENT OF CHAMPIONS QUALIFIER\***

**Entry Fee \$15.00 - MUST be postmarked by March 27, 2017.**

Make checks payable to **Antwerp Wrestling Club**

**THERE WILL BE NO ENTRIES ACCEPTED AFTER MARCH 27th UNLESS POSTMARKED BY THE 27th OR UNLESS YOU ARE ON A COACH'S EMAILED ROSTER**

**No registrations or weigh ins on Friday or Saturday**

Sending an email will NOT register you. All registrations must be mailed with entry fee unless on a coach's roster. Coaches' rosters will be accepted via email until 12 noon Thursday, March 30, 2017.

**RULES:** Modified High School rules. 2 – 1 ½ minute periods. No referee's position. 12 point tech fall. Sudden victory overtime. This is a round robin tournament. Most wrestlers will have up to 3 matches.

**TEAM COMPETITION:** Coaches will submit a team roster on Saturday morning no later than 10:00 AM, listing up to 20 wrestlers. No mixing of club rosters and wrestlers may only be listed one time on one roster.

**AWARDS:** Medals will be awarded for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> place **TEAM TROPHIES:** 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place.

**SPECTATOR ADMISSION:** Adults \$4 - Students \$2 - Family \$10

**CONTACT INFO:** Mail entries to Jeremy Kosch, 410 East Canal Street, Antwerp, OH 45813.

Phone number: (419)506-0511. Email: antwerpwrestling@gmail.com

Division	Age	Weight
1	5 & under	
2	6 & 7	
3	8 & 9	
4	10 & 11	Weights will be determined after registration for all divisions
5	12 & 13	
6	14 & 15	
7	16 – 18	
8	Old timers	

\* Tournament director reserves the right to move wrestlers up or down and challenge actual weights listed on entry form.

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Cut at line and keep above portion for reference

Name \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Division \_\_\_\_\_ Actual Weight \_\_\_\_\_

Please indicate wrestling skill : Beginner \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

In consideration for acceptance of this application, I hereby waive and release for myself and my heirs and administrators any and all rights and claims for damage against the Antwerp Wrestling Club and Antwerp Local School for any and all injuries suffered by me at this tournament.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_