

11th Annual Bluffton Cut-Throat Wrestling Tournament Saturday March 21st, 2015

*****A 2015 Ohio Tournament of Champions Qualifier*****

Starting Time 10:00 a.m.

Entry Fee \$15.00 if postmarked by March 11th \$19.00 after

This is a pre-drawn tournament there will be no registration or weigh-ins Friday or Saturday, no registrations after 5:00 p.m. March 20th. To register by mail: complete entry with weight and mail with money and you are entered. To register online make payment via paypal to tkleman1103@embarqmail.com please include a message identifying wrestlers name, division and a phone number, then scan and email entry to tkleman1103@embarqmail.com please include paypal transaction #. **All online registrations will get a confirmation email confirming your entrance to the tournament.**

Tournament Director reserves the right to challenge actual weights listed.

Location: 106 W. College Ave. Bluffton, OH. Bluffton High School, New Gym (Jackson St.)

Rules: Modified H.S. rules, 2-1 ½ min. periods no referee's position, 12 pt tech. fall, sudden victory OT

Awards: Custom medals 1st, 2nd, 3rd, 4th

Refreshments: Food will be served all day

For information: Travis Kleman (419)-358-4487 or email tkleman1103@embarqmail.com or

Jeremiah Weyer (419)-889-4558

Mail early entries to: Travis Kleman 11580 Tom Fett Rd. Bluffton, OH 45817

Make Checks to: Cut-Throat Wrestling Club

Tournament Director reserves the right to move wrestlers up or down

<u>Division</u>	<u>Age</u>	<u>Weights</u>	
1	7-under		
2	8-9		Limit
3	10-11	Weights to be determined after registration	300
4	12-13		wrestlers
5	14-15		
6	16-18		
7	OPEN		

PROOF OF AGE AS OF MARCH 21ST 2015

Name _____ Club _____
 Address _____ Birthdate _____
 City _____ State _____ Zip _____ Age _____
 Phone _____ Division _____ Actual Weight _____

Please indicate wrestling skill, Excellent _____ Good _____ Beginner _____

In appreciation of my entry, I agree to be legally bound for myself, my heirs, executors and administrators, waive and release the Bluffton Wrestling Club, Bluffton local Schools, referees, tournament director, tournament workers and all representatives from any and all claims of right to damages for injuries suffered by me at this tournament.

Parent Signature _____ Date _____

Athlete Signature _____ Date _____

Emailed registrations paypal transaction # _____