

The 7th Annual Canfield Fall Classic

Presented by OhioQuest Wrestling

Saturday, November 4, 2017

This is an open tournament in which anyone may compete. This tournament has as a split session time, so check below for what time your division must weigh-in by. We will start on time for both sessions and run quickly! This tournament is a State Ranking event. All placers will score points for the rankings at www.ohiotournaments.com.

Tournament Location: Canfield High School, 100 Cardinal Drive, Canfield, Ohio.

<u>AGE GROUP</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-INS</u>	<u>START TIME</u>
Division I: 2011-Later	40,45,50,55,60,70,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division II: 2009-2010	45,50,55,60,65,70,75,85,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division III: 2007-2008	55,60,65,70,75,80,86,93,100,115,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2005-2006	65,70,75,80,85,92,100,110,120,130,140,Hwt	7:30-9:00 a.m.	10:00 a.m.
Middle School:	80,86,92,98,104,110,116,122,128,134,142,150,160,172,205,245	7:30-12:00 p.m.	1:00 p.m.
High School:	106,113,120,126,132,138,145,152,160,170,182,195,220,285	7:30-12:00 p.m.	1:00 p.m.

Awards: Division I-IV: Top three place finishers receive deluxe trophies.
Middle School and High School age groups: Top Three place finishers receive medals.

Entry Fee: \$20, payable at the time of weigh-ins (cash or check). No pre-registrations.

Rules: Modified Scholastic Rules will be used for all divisions. Tournament Director reserves the right to combine weight classes upon need. Weight Classes of six wrestlers or less will be round robin to maximize mat time!

Concessions: Will be served all day, including a full breakfast.

Contact Information: Larry Kerr: 567-203-2955 Email: kerr7370@msn.com

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 Canfield Wrestling Team, Canfield High School, *OhioQuest* Wrestling, CFC Athletics, 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) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL _____ CLUB or SCHOOL _____
DIVISION _____ BIRTHDATE _____

Age Group Classification: A wrestler's year of birth will determine his or her age division.

SIGNATURE OF ATHLETE _____ DATE _____
SIGNATURE OF PARENT _____ DATE _____

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