



The 5th Annual Central Ohio Challenge

This is a pool tournament

Saturday, February 2, 2019



Please Note: Youth Wrestlers- This tournament contains both an “Open” Youth Division and a “Novice” Youth Division (for 1st & 2nd year wrestlers). If you began wrestling before Oct. 1, 2016, please use discretion when entering the Novice Division and instead consider competing in the “Open” Youth Division.

Tournament Location: Delaware Christian School, 45 Belle Avenue, Delaware, Ohio.

“NOVICE” DIVISION TOURNAMENT

<u>AGE GROUP</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-IN</u>	<u>START TIME</u>
Division I (5-6 Open)	40,45,50,55,60,70,Hwt	6:30-8:00 a.m.	9:00 a.m.
Division II (7-8 NOVICE)	45,50,55,60,65,70,75,85,Hwt	6:30-8:00 a.m.	9:00 a.m.
Division II (7-8 Open)	45,50,55,60,65,70,75,85,Hwt	6:30-8:00 a.m.	9:00 a.m.
Division III (9-10 NOVICE)	55,60,65,70,75,80,86,93,100,115,Hwt	6:30-8:00 a.m.	9:00 a.m.
<u>AGE GROUP</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-IN</u>	<u>START TIME</u>
Division III (9-10 Open)	55,60,65,70,75,80,86,93,100,115,Hwt	6:30-11:00 a.m.	12 noon
Division IV (11-12 NOVICE)	65,70,75,80,85,92,100,110,125,140,Hwt	6:30-11:00 a.m.	12 noon
Division IV (11-12 Open)	65,70,75,80,85,92,100,110,125,140,Hwt	6:30-11:00 a.m.	12 noon
Division V (13-14)	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt	6:30-11:00 a.m.	12 noon

Awards: Top 3 place finishers receive medals. (tie-breakers will be decided by head-to-head results followed by point totals of individual wrestlers)

Entry Fee: \$20 for pre-registrations (call 740-262-4265) or register the day of for \$25

Rules: Modified Scholastic Rules will be used for all divisions. Sudden death overtime will be used in case of a tie. Pool tournament. Tournament Director reserves the right to combine weight classes upon need.

Concessions: Will be served all day. ****Breakfast & lunch items will be available for purchase all day**

Contact Information: Jamie Marquis : 740-262-4265 Email: jamie.marquis@dcschool.org

****Call-in weights will be accepted.**

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 Delaware Christian Wrestling Team, Delaware Christian Schools, Delaware Bible Ministries, 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 _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ CLUB or SCHOOL _____

AGE GROUP _____ 2017-2018 RECORD (IF KNOWN) _____

BIRTH DATE _____

Age Group Classification: A wrestler's age on February 2nd will determine his or her age group. Weight _____

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____