

F.O.P 62 Cougar Clash

(Limited to the first 300 wrestlers)

Sunday, January 11th, 2026

10:00 AM START - Division 1 (5&U) & Division 4 (10-12)

12:30 PM START - Division 2 (6-7) & Division 3 (8-9)

Van Wert High School - 10708 St. Rt. 118 Van Wert, OH 45891

Do **NOT** mail entries to the school (See Mailing Information Below)

Entry Fee \$25.00 - Postmarked January 5, 2026 to ensure delivery by Thursday, January 8, 2026

Make checks payable to **Van Wert Wrestling**

Mail Entries to: Ben Collins, 1065 Indian Hill Dr., Van Wert, OH 45891

Phone Number: 419-203-2876

Team Rosters will be accepted via email until 8:00PM on Thursday, January 8, 2026

HAVE A COACH/PARENT COLLECT ALL MONEY AND FORMS AND TURN IN AS A GROUP BY 9:00AM ON DAY OF THE TOURNAMENT

Email rosters and any questions to: b_collins@vwcs.net

No Registrations or Weigh Ins on Friday or Saturday

RULES: Modified High School rules. 2 - 1:30 periods. No referees position. 12 point tech fall. Sudden Victory overtime. This is a round robin tournament. Mst wrestlers will have up to 3 matches.

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

AWARDS: Medals will be awarded for 1st, 2nd, 3rd and 4th place

TEAM TROPHIES: 1st and 2nd Place

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

Division Age *Weight classes will be determined after registration

1 5&U - Start time 10:00 AM

2 6-7 - Start time 12:30 PM

3 8-9 - Start time 12:30 PM

4 10-12 - Start time 10:00 AM - NO 7th or 8th Grade Wrestlers

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

Cut at line and keep above portion for reference

Name _____ **Team Name** _____

Birthday _____ **Age** _____ **Division** _____ **Actual Weight** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number _____

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 Van Wert Wrestling and Van Wert City Schools for any and all injuries suffered by me at this tournament.

Parent Signature _____ **Date** _____