



**JONATHAN T. POPE MEMORIAL  
WRESTLING TOURNAMENT**



**Ohio Tournament of Champion Qualifier**

\*Top 3 in each bracket Qualify\*

**SUNDAY NOVEMBER 19th, 2017**

**ALL PROCEEDS GO TO JONATHAN T. POPE SCHOLARSHIP FUND**

Location: Port Clinton H.S., 821 S. Jefferson St., Port Clinton, OH

Entry: \$20.00 payable by mail or at the door (If e-mail Registration)

Checks Payable to: Port Clinton Wrestling Club

Check in by 11:00am: All Divisions.

Mail to: Port Clinton Wrestling Club P.O. Box 674, Port Clinton, OH 43452  
(not the high school) or e-mail.

Questions/Registrations: e-mail-[pcskinswrestling@gmail.com](mailto:pcskinswrestling@gmail.com) or 419-341-5535

Weigh-in: For those registering at the door on Sunday.

SUNDAY NOVEMBER 19TH. ALL DIVISIONS 10:00 to 11:00

E-mail weights accepted with e-mail registration before 8:00pm  
November 18th (Spot checks will be performed). Team coaches to e-mail  
team weights and bring registrations and fees with them by 11:00.

DIVISION	AGE	WEIGHTS
0	6 AND UNDER	
I	7 - 8 YRS.	<u>Actual weight classes will be determined at the tournament.</u>
II	9 - 10 YRS.	
III	11 - 12 YRS.	

\*Birth certificate must be presented if challenged.

Time: Wrestling begins at 1:00pm November 19TH, 2017

Rules: (3) 1 1/2 minute period - Neutral, Top, Bottom - 12-point tech fall. - Sudden death O.T. - Double elimination or round robin, pending on numbers. CERTIFIED WRESTLING OFFICIALS.

Dress: Shorts & T-shirt - prefer singlet (no sweats)

Awards: 1st, 2nd, 3rd, 4th place

Gate Admission: Adults: \$4.00 Students: \$3.00, Family Pass \$8.00

Concessions stand open all day. (No coolers in gymnasium)

-----PLEASE PRINT-----

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE (as of 11/19/11) \_\_\_\_\_ WEIGHT \_\_\_\_\_

In consideration for acceptance of this entry for the Port Clinton Wrestling Tournament, November 19th, 2017, I hereby waive and release for myself, my heirs, and administrators, all rights and claims for damage against the Port Clinton School Board of Education, the Port Clinton Wrestling Club Inc., the Port Clinton wrestling team, sponsors, committees, and officials from any and all injuries suffered by me directly, or indirectly, at this tournament.

DATE \_\_\_\_\_ WRESTLER SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**NOTE: THIS ENTRY FORM WILL NOT BE ACCEPTED UNLESS ALL SIGNATURES ARE PRESENT!!!!**