KEVIN WEST MEMORIAL WRESTLING TOURNAMENT

***Qualifier - Qualifier  Sunday, January 12, 2020  Qualifier - Qualifier***

This Tournament Is a Qualifier for the 2020 Tournament of Champions

WHERE: Clyde High School
1016 Race Street
Clyde, Ohio 43410

SPONSORED BY: Clyde Wrestling Team and Flier Amateur Wrestling Club

AWARDS: 1st, 2nd, 3rd, and 4th Place Awards in Each Weight Class
Team Trophies for 1st, 2nd, and 3rd Place Teams
Team Points are as follows:  10 - 1st,  7 - 2nd,  4 - 3rd,  2 - 4th
Wrestler must have the TEAM NAME on the form to qualify for team points

CONTACT INFORMATION: Kandy Thurn
1950 County Road 264
Clyde, Ohio 43410
(419) 680-2278
E-mail address: ekthurn@gmail.com

MAKE CHECKS PAYABLE TO: Flier Amateur Wrestling Club
TOURNAMENT DIRECTOR: Ed Thurn (419) 680-2279

DIVISION AGE WEIGHTS
0 4 and Under
I 5 & 6 Yrs. WEIGHT CLASSES TO BE DETERMINED DAY OF TOURNAMENT
II 7 & 8 Yrs.
III 9 & 10 Yrs.
IV 11 & 12 Yrs. (No Middle School grade wrestlers)

BIRTH CERTIFICATES MUST BE PRESENTED IF CHALLENGED

ENTRY FEE: $20.00 Entry Fee Per Wrestler

WEIGH-INS: January 12, 2020 from 7:00 a.m. to 8:30 a.m.
Call-in Weights via e-mail, no later than Friday evening at 8:00 p.m., to Kandy Thurn by Head Coach Only!! NO INDIVIDUAL WRESTLER
CHECK-INS FOR TEAMS THAT E-MAIL THEIR WEIGHTS IN. Head coaches must have ALL ENTRY FORMS AND MONEY for each wrestler that a weight was e-mailed to Kandy no later than 8:30 a.m. the morning of wrestling whether they wrestle or not (we put wrestlers on the bracket sheet per the coaches e-mails; therefore that coach is responsible for that payment). Random weight checks will occur. If you have any questions concerning e-mail weights, please call Kandy Thurn at 419-680-2278.

ADMISSION: $5.00/Adults, $2.00/Students, $10.00 Maximum per Family (*Family consists of parents and siblings only)

WRESTLING: Begins at 10:00 a.m.
Modified High School Rules  Two (2)  1 1/2 Minute Periods

PLEASE PRINT:

NAME:__________________

AGE:______________ADDRESS________________________________________

CITY__________________STATE______ZIP CODE___________________

In consideration for acceptance of this entry, I hereby waive and release for myself, my heirs, and administrators - all rights and claims for damage against the Clyde-Green Springs School Board of Education, the Clyde Fliers Athletic Boosters Club, Clyde Wrestling Team, Flier Amateur Wrestling Club or their representatives, of any and all injuries suffered by me at this tournament.

DATE___________________

PARENTS SIGNATURE ____________________________________________________________

Copy of Entry Form provided by www.OhioWrestler.com with permission of Flier Amateur Wrestling Club per Kandy Thurn