

# KEVIN WEST MEMORIAL WRESTLING TOURNAMENT

Qualifier - Qualifier Sunday, January 13, 2019 Qualifier - Qualifier  
This Tournament Is a Qualifier for the **2019 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 - 4<sup>th</sup>  
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**

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

BIRTH CERTIFICATES MUST BE PRESENTED IF CHALLENGED

**ENTRY FEE:** \$15.00 Entry Fee Per Wrestler

**WEIGH-INS:** January 13, 2019 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:** \_\_\_\_\_ **TEAM** \_\_\_\_\_

**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** \_\_\_\_\_

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*Copy of Entry Form provided by [www.OhioWrestler.com](http://www.OhioWrestler.com) with permission of Flier Amateur Wrestling Club per Kandy Thurn*

