

The 2nd Annual Mt. Union Fall Classic

Sunday, November 11th, 2018

The top four teams at this event will leave with a combined total of \$1000 in donations to their club, including a \$500 check to the first place team. This tournament draws 300-400 wrestlers every year, with no less than eight states represented in 2017. We will ALWAYS respect your time by starting the event on time and running it as quickly as possible! Note: No pre-registration is necessary for this event, just arrive during the weigh-in times listed below.

Event Location: Mount Union College, 1972 Clark Avenue, Alliance, Ohio.

<u>Age Group:</u>	<u>Weigh-In Time</u>	<u>Wrestling Begins</u>
Division I: 2012-2013	7:30-9:00 a.m.	10:00 a.m.
Division II: 2010-2011	7:30-9:00 a.m.	10:00 a.m.
Division III: 2008-2009	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2006-2007	7:30-9:00 a.m.	10:00 a.m.
Middle School:	7:30-12:30 p.m.	1:30 p.m.
High School:	7:30-12:30 p.m.	1:30 p.m.

Weight Classes: Will be determined after weigh-ins. The purpose of this is to discourage wrestlers cutting weight to make a particular weight class. No wrestler will be paired with a wrestler more than 12% heavier without parental or coach permission.

Individual Awards: Top three finishers in all weight classes will receive medals.

Team Awards: The Top Four Teams will receive donation directly to their program at the end of the tournament, as follows: 1st place: \$500, 2nd place: \$250, 3rd place: \$150, 4th place: \$100. Only youth wrestlers in Divisions I through IV will count toward the team race for this tournament.

Entry Fee: \$25, payable at the time of weigh-ins- cash or check (payable to CFC Athletics).

Rules: All matches will be three periods with choice of position for the second and third period. However, if turnout is exceptionally large- we may use an alternate format of two periods with all period starts and re-starts from the neutral position. The sole purpose of using this format would be to keep the event moving at the pace our patrons have come to expect.

Contact Information: Larry Kerr: 567-203-2955 Email: kerr7370@msn.com

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 Mt. Union Wrestling Team, Mt. Union High School, officials, OhioQuest Wrestling, Pennquest Wrestling, CFC Athletics, 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.

WRESTLER'S NAME (PRINT LEGIBLY) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ CLUB or SCHOOL _____

DIVISION _____ BIRTHDATE _____

Age Group Classification: A wrestler's year of birth will determine his or her age group.

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____

