Power Wrestling Championships

Novice: Wrestlers Not Regularly Finishing 3rd or Above at Tournaments
Experienced: Wrestlers Regularly Placing 3rd or Above at Tournaments

When: Saturday March 21, 2015

Where: Toledo Christian School - 2303 Brookford Dr. Toledo, OH 43614.

Pre-registration: All forms must be turned in by Wed March 18, 2015. Wrestlers will be limited to the first 300 entrants.
Attention: Mike Geis – P.O. Box 254 Wauseon OH 43567

Entry Fee: $15.00 ($20.00 for Late Registration. All checks payable to Power Wrestling Club

Questions: Michael Geis (Tournament Director) @ 419-392-4037 or Email: coachmjg@gmail.com

Weigh-ins/Age: Weights and ages can be called or emailed, but can be challenged day of tournament.

Wrestling Begins: All divisions will start at 10:00 AM (Rule clinic 9:45)

Format: Round Robin Brackets (4 per bracket) Weight classes will be determined the day of the tournament. The tournament director reserves the right to combine and delete weight classes.

Rules: Modified High School Rules **Sudden Victory Overtime **
Novice Division: Two 1 ½ min. periods All Neutral position
Open Division: Three One Minute Periods With Referees Position
12 pt. Tech Fall.
Birth Certificate required if age is challenged.

Wrestling attire: Singlet or T-shirt tucked into shorts - No sweats or loose fitting clothing

Divisions:

6 and under - DI	7 and 8 – DII	13 and 14 – DV	17 and 18 - DVII
9 and 10 – DIII	11 and 12 – DIV	15 and 16 – DVI	Over 18 - DVIII

Age as of Day of Tournament. Birth Certificate required if age is challenged.

Awards: All Wrestlers Will Get An Award

Admission: Adults $5.00 Students $2.00 Family $8.00

Concessions: Hot food and beverages served

NAME (Print)_____ Age_____ Division_____ Birth Date_____

Address_____City/State/Zip_____

Email address_____School/ClubName_____

Novice (YorN) ____ Years Exp. _____ Weight_____ State/National Placer (Y/N) _____ Place_____

In Consideration for acceptance of this entry, I hereby waive and release for myself, my heirs and administrator, all rights and claims for damages against Toledo Christian School, Toledo Christian Wrestling Club, Toledo Christian Wrestling Tournament personnel, or their representatives for any and all injuries suffered by me at this tournament.

Parent/Guardian Signature/Date _____ Phone _____

Wrestler Signature/Date _____ Tournament Only_____ Tournament and Clinic_____

----------**Do not write below this line - Tournament use only**----------

Paid _____Cash _____Check (check #_____) **Official Weight**_____

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