



PORT CLINTON TOMAHAWK OPEN
WRESTLING TOURNAMENT



Ohio Tournament of Champion Qualifier

Top 3 in each bracket Qualify

SUNDAY DECEMBER 17TH, 2017

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 or 419-341-5535

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

SUNDAY DECEMBER 17TH. ALL DIVISIONS 10:00 to 11:00

E-mail weights accepted with e-mail registration before 8:00pm

December 16th (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</u>
II	9 - 10 YRS.	<u>at the tournament.</u>
III	11 - 12 YRS.	

*Birth certificate must be presented if challenged.

Time: Wrestling begins at 1:00pm December 17th, 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 12/17/17) _____ WEIGHT _____

In consideration for acceptance of this entry for the Port Clinton Wrestling Tournament, December 17th, 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!!!!