

The 7th Annual Akron Fall Wrestling Classic

Presented by *OhioQuest* Wrestling

Sunday, October 1, 2017

This tournament is your first opportunity of the season to get a jump on the competition! We have drawn as many as 400 wrestlers in the past, expect a similar great turnout once again this year. A split start will be used, so check below to see what time your division must weigh in by and starts wrestling. We start on time for all sessions and run quickly!

Location: Akron St. Vincent-St. Mary High School, 15 N. Maple Street, Akron, Ohio.

AGE GROUP	WEIGHT CLASSES	WEIGH-INS	START TIME
Division I: 2011-Later	40,45,50,55,60,70,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division II: 2009-2010	45,50,55,60,65,70,75,85,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division III: 2007-2008	55,60,65,70,75,80,86,93,100,115,Hwt	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2005-2006	65,70,75,80,85,92,100,110,120,130,140,Hwt	7:30-9:00 a.m.	10:00 a.m.
Middle School:	80,86,92,98,104,110,116,122,128,134,142,150,160,172,205,245	7:30-12:30 p.m.	1:30 p.m.
High School:	106,113,120,126,132,138,145,152,160,170,182,195,220,285	7:30-12:30 p.m.	1:30 p.m.
Masters (19 and up)	133,141,149,157,165,174,184,197,220,285	7:30-12:30 p.m.	1:30 p.m.

Awards: Division I-IV: Top three place finishers receive deluxe trophies.
Middle School and High School age groups: Top Three place finishers receive medals.

Entry Fee: \$20, at the time of weigh-ins. No pre-registrations.

Rules: Modified Scholastic Rules will be used for all divisions. Tournament Director reserves the right to combine weight classes upon need. Only Certified Officials will be used!

Concessions: Will be served all day, including a full breakfast.

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 St. Vincent-St. Mary's Wrestling Team, St. Vincent-St. Mary's High School, Shamrock Wrestling Club, officials, tournament directors, *OhioQuest* Wrestling, CFC Athletics, 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 _____

