

# Bluffton Cut-Throat Wrestling Tournament

## Saturday March 24th, 2018

**\*\*\*A 2018 Ohio Tournament of Champions Qualifier\*\*\***

**Starting Time 10:00 a.m.**

**Entry Fee \$15.00 if postmarked by March 16th \$20.00 after  
\$13.00 for all MVKWA Wrestlers**

This is a pre-drawn tournament there will be no registration or weigh-ins Friday or Saturday, no registrations after 5:00 p.m. March 23rd. To register by mail: complete entry with weight and mail with money and you are entered. To register online make payment via paypal to [TKLEMAN1103@EMBARQMAIL.COM](mailto:TKLEMAN1103@EMBARQMAIL.COM) please include a message identifying wrestlers name, division and a phone number, then scan and email entry to [TKLEMAN1103@EMBARQMAIL.COM](mailto:TKLEMAN1103@EMBARQMAIL.COM) please include paypal transaction #. **All online registrations will get a confirmation email confirming your entrance to the tournament.**

Tournament Director reserves the right to challenge actual weights listed.

**Location:** 106 W. College Ave. Bluffton, OH. Bluffton High School, New Gym (Jackson St.)

**Rules:** Modified H.S. rules, 2-1 ½ min. periods no referee's position, 12 pt tech. fall, sudden victory OT

**Awards:** Custom medals 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>

**Refreshments:** Food will be served all day

**For information:** Travis Kleman (419)-358-4487 or email [TKLEMAN1103@EMBARQMAIL.COM](mailto:TKLEMAN1103@EMBARQMAIL.COM) or  
Jeremiah Weyer (419)-889-4558

**Mail early entries to:** Travis Kleman 11580 Tom Fett Rd. Bluffton, OH 45817

**Make Checks to:** Cut-Throat Wrestling Club

Tournament Director reserves the right to move wrestlers up or down

<u>Division</u>	<u>Age</u>	<u>Weights</u>
1 7-under		
2 8-9		Limit
3 10-11	Weights to be determined	300
4 12-13	after registration	wrestlers
5 14-15		
6 16-18		
7 OPEN		

**PROOF OF AGE AS OF MARCH 24<sup>th</sup> 2018**

Name \_\_\_\_\_ Club \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_  
Phone \_\_\_\_\_ Division \_\_\_\_\_ Actual Weight \_\_\_\_\_  
MVKWA Club and USA Wrestling Number \_\_\_\_\_

Please indicate wrestling skill, Excellent \_\_\_\_\_ Good \_\_\_\_\_ Beginner \_\_\_\_\_

In appreciation of my entry, I agree to be legally bound for myself, my heirs, executors and administrators, waive and release the Bluffton Wrestling Club, Bluffton local Schools, referees, tournament director, tournament workers and all representatives from any and all claims of right to damages for injuries suffered by me at this tournament.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Emailed registrations paypal transaction # \_\_\_\_\_