

The Blazer Mat Club **NOVICE** Tournament

Saturday, January 17, 2015

Check out our tournament website: http://tcteams.com/dbblazers1/custom_page.php?pageid=836

Where: Daniel Boone High School Gymnasium – 501 Chestnut Street, Birdsboro, PA 19508
Time: **9:00 am sharp !!!**
Weigh-in: **Honor System Weigh – Ins** Wrestler **MUST** be within 2 pounds of the weight submitted on their registration form. If challenged, wrestler will be weighed in their singlet and wrestling shoes.

Entry Fee: Pre-registration **ONLY !!!!** **Make Checks payable to:** Blazer Mat Club
\$ 22.00 per individual wrestler when envelope is postmarked by Monday, 1/12/2014
\$ 17.00 per wrestler when signing up on a team of ten or more and received by Monday, 1/12/2014

Mail to: Blazer Mat Club – C/O Tony Spalding, 505 Pleasant View Drive, Douglassville, PA 19518

******* POSITIVELY NO WALK INS ON SATURDAY MORNING *******

Rules:	Age as of 12/31/2014	12 and Under Only	PIAA Modified Rules
	Actual weight used for bracketing	Headgear/Singlet Mandatory	No seeding
	Maximum 275 wrestlers	4 mats will be used	Must have proof of age
	All Bouts 1:00-1:00-1:00	OT – 1:00 sudden death	0:30 ride out tie-breaker

Eligibility: 1st and 2nd year wrestlers ONLY. If this is wrestlers 3rd year, he/she is not eligible for this tournament. If wrestler has placed at any OPEN Tournament he/she is not eligible for this tournament. Proof of age may be required if challenged. If challenged, parent must supply copy of child's birth certificate.

Format: **4-Man Round Robin – Madison System** – wrestlers will be sorted by closest weight. Brackets will then be made by grouping them into sets of 4 (whenever possible depending on turnout). Wrestlers will be divided by weight and age.

Awards: **ALL WRESTLERS WILL RECEIVE AN AWARD !!!!**

Admission: Adults 4.00 Students \$2.00

Breakfast and Lunch will be served throughout the day. T-Shirts and Wrestling Gear available for purchase.

For Info: Tony Spalding – Tournament Director (610) 310 - 5103 bmctourney@gmail.com

NOVICE Tournament Registration

Wrestlers Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Team Name: _____ Circle experience level: **1st year** **2nd year**

Circle Div: **Pee-Wee** (6 & Under) **Bantam** (8 & under) **Midget** (10 & under) **Junior**(12 & under) Actual Weight: _____

******* Please be sure to record your son/daughters actual weight to the tenth of a pound *******

Parent's Signature: _____ E-mail: _____

In consideration of your acceptance of my entry, I hereby release the Blazer Mat Club and the Daniel Boone School District from any and all liabilities, claims, or right to damages for injuries suffered by my child directly or indirectly, in training for, traveling to or from and participation in the tournament.

ALL DECISIONS OF THE TOURNAMENT DIRECTOR ARE FINAL

**** Accepting canned good donations to support the Greater Berks Food Bank ****