

17TH ANNUAL LYNX OPEN WRESTLING TOURNAMENT

****ROUND ROBIN****

DATE/TIME: Sunday January 11, 2015. WRESTLING BEGINS AT 9:00 A.M.

ALL WRESTLERS MUST CHECK-IN BY 8:00 A.M. CHECK-IN STARTS AT 7:00 A.M.

PLACE: OLEY VALLEY SR. HIGH SCHOOL, 17 JEFFERSON ST, OLEY, PA

WEIGH-IN: Honor System – No weigh-ins. Please submit weight to tenth of pound. Must be within 2 pounds in singlet and wrestling shoes. Scale will be available for challenges, no challenges after 1st round. ****ACTUAL WEIGHT MUST BE ON REGISTRATION FORM** POSITIVELY NO WEIGHT CHANGES ALLOWED ON THE DAY OF THE TOURNAMENT!**

FORMAT: 5 Man Round Robin – whenever possible. Madison system will be used. Three mats will be used.

RULES: *Age as of Tournament Date Required
PROOF OF AGE REQUIRED IF CHALLENGED ****BOTH WRESTLERS HAVE TO SHOW PROOF**
*PIAA modified rules *All bouts 1-1-1 (OT 1-.30) *No 7th Graders
*Headgear/Singlet Required *No Loose T-Shirts *Only 1 Entry Per Wrestler
*Weight classes may be combined or split

AWARDS: TOP 3 WRESTLERS IN EACH WEIGHT CLASS WILL RECEIVE A TROPHY.

ENTRY FEE: \$20.00 must be received no later than January 7, 2015.

****PRE-REGISTRATION ONLY: ABSOLUTELY NO WALK-INS**NO EXCEPTIONS!**

ADMISSION: Adults: \$5.00 Students: \$1.00 Senior Citizens: \$2.00

MAXIMUM OF 150 WRESTLERS

Breakfast and Lunch will be served throughout the day. Tournament T-Shirts and Novelties will be available all day.

Tournament Director: For questions or additional information please contact Walt Stofflet (610) 987-0133

****Tournament Director reserves the right to eliminate/combine weight classes, ALL decisions of the Director are FINAL!
NO REFUNDS WILL BE GIVEN FOR ANY REASON (including weather, incomplete information on form, etc)**



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PLEASE CIRCLE THE APPROPRIATE AGE BRACKET OF WRESTLER AS OF TOURNAMENT DATE

BANTAM

8 & UNDER LIMIT 115 LBS

MIDGET

10 & UNDER LIMIT 145 LBS

JUNIOR

12 & UNDER LIMIT 180 LBS

Name of Wrestler _____ Birth Date _____ Age _____ Weight _____

Address _____ Phone _____

School/Club _____

In consideration of the acceptance of this entry, I hereby waive the release of any and all rights to claims for damage or injury I may have against the LYNX WRESTLING CLUB, The Oley Valley School District or the Officials while competing in or traveling to or from the above tournament.

Parent/Guardian Signature: _____

Wrestler's Signature: _____

Return this form with PAYMENT of \$20.00. Payments must be enclosed. If you are paying by check, please include name and phone # on your check. **Make checks payable to : LYNX WRESTLING CLUB.**

MAIL CHECKS AND ENTRY FORM TO : Lynx Wrestling Club 386 Lobachsville Road, Oley, PA 19547