

**2017 PA-D4 WARRIOR WRESTLING DUALS**  
**Junior High & High School Grades 7-12th**  
*Benefits the Lycoming College Wrestling Program*



**Date & Time:** Sat. May 6<sup>th</sup>, Wrestling begins at 9:30 a.m.

**Location:** *Lycoming College, 700 College Place, Williamsport, PA 17701*

**Entry Fee:** \$400.00 per team – Roster and final fee DUE by May 1<sup>st</sup>, 2017  
\$100.00 non-refundable deposit & Intent to participate due by April 26<sup>th</sup>.

*Make checks payable to: Lycoming Wrestling*

*Limited to the First 12 Teams Entered (6 Match format)*

**Mail to:** Lycoming Wrestling, Roger Crebs, 700 College Place, Williamsport, PA 17701

**WEIGH-INS:** Coach Weigh-ins, straight weight, no allowance, Weight must be taken Thursday May 4<sup>th</sup> and provided to the tournament director at check in on Saturday. Weights may be challenged.

*Teams must supply a table worker for the match they are wrestling*

**General Admission:** Adults-\$5.00      Students-\$2.00      5 & under free  
2 Coaches per team-Free – List 2 names on the Roster

**Rules:** Modified PIAA rules, Overtime: PIAA Rules, Bout length: HS 2:1:1  
College out of bounds

**Roster:** Team Roster must be submitted via email or fax (570-329-1055) by Thursday May 4<sup>th</sup> at Midnight.

**Weights:** Grades 7-12<sup>th</sup>: 80, 85, 90, 95, 105, 110, 115, 125, 132, 138, 145,  
152, 160, 170, 182, 195, 220, 285

**Awards:** **Team Awards will be given to the 1<sup>st</sup> and 2<sup>nd</sup> place teams.**

**Contact Information:** Roger Crebs - [crebs@lycoming.edu](mailto:crebs@lycoming.edu) 570-337-3922  
Jim Chamberlin – [jim@keystoneauctioneers.com](mailto:jim@keystoneauctioneers.com) 570-279-1010  
Patrick Sparks – [psparks@prioritybicycles.com](mailto:psparks@prioritybicycles.com) 570-494-6619

Saturday May 6th, 2017  
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*Lycoming College*  
*700 College Place*  
*Williamsport, PA 17701*



## **Intent to Participate**

***Please mail this back with the \$400 Entry Fee or a \$100.00 non-refundable deposit no later than April 26<sup>th</sup> to reserve your spot. Full Payment before wrestling starts***

Team Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address (Mandatory): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Return to:

Lycoming Wrestling  
Roger Crebs  
700 College Place  
Williamsport, PA 17701



Saturday May 6th, 2017  
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**TEAM ROSTER**

Team Rankings: (Please Circle One)    *All Star team*    *Tough school team*    *Average*    *Building/partial team*

Team Name: \_\_\_\_\_

Name	Weight Class
	80
	85
	90
	95
	105
	110
	115
	125
	132
	138
	145
	152
	160
	170
	182
	195
	220
	285

***Teams must supply a table worker for the match they are wrestling***

Coaches Names: \_\_\_\_\_  
(Admission for 2 Free) \_\_\_\_\_