



**Harold Winshel Memorial Bash  
Round Robin Tournament  
Saturday, September 22, 2018**

Carl Sandburg MS - 30 Harmony Road, Levittown, PA 19057

Website: [SEPAwrestling.com](http://SEPAwrestling.com) / email: [jerb@mullerbev.com](mailto:jerb@mullerbev.com)

**WEIGH INS** Saturday 7:00am-8:00am (All Divisions and Walk ins)  
A singlet must be worn at weigh-ins.  
Any questionable skin conditions must have proper physician's paperwork no more than 10 days from the date of tournament.

**WRESTLING START TIME:** Wrestling will start at 9:00am

**REGISTRATION:** Forms can either be mailed to the address below, or filled out Saturday at weigh-ins.

**UNIFORMS** – A singlet or two piece uniform will be permitted.

**ENTRY FEE** - Pre- registered - \$25.00. Must be received by **9/20/2018**  
Walk-ins \$30.00

**Make checks payable to: SEPA Wrestling.**  
**Mail to: SEPA Wrestling**  
PO Box 7138  
Penndel, PA 19047

**WEIGHT CLASSES: MADISON SYSTEM (Age as of Date of the Tournament), College out of bounds rules**

**HIGH SCHOOL** – 18 and Under (1 ½, 1 ½, 1 ½ - minute periods)

**INTERMEDIATE** – 14 and Under (1, 1, 1 - minute periods)

**JUNIORS** – 12 and Under (1, 1, 1 - minute periods)

**MIDGET** – 10 and Under (1, 1, 1 - minute periods)

**BANTAM** – 8 and Under (1, 1, 1 - minute periods)

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Name: \_\_\_\_\_ Actual Weight (filled out at weigh-ins) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Division (Bantam(8) –Midget(10) – Juniors(12) – Inter.(14) – HS) \_\_\_\_\_

Club Affiliate \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

In consideration of this entry being accepted, I hereby for my son/daughter and myself waive and release any and all rights against claims for damages I have against the Southeast PA Wrestling Team, Neshaminy School District, and anyone involved with the tournament and assigns for any injuries suffered by my son/daughter or myself at said tournament.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Wrestler signature: \_\_\_\_\_ Date \_\_\_\_\_