

# 2019 COCHRANTON WRESTLING 31st ANNUAL TOURNAMENT

Cochranton Jr. Sr. High School, 105 2nd Street, Cochranton, PA

## Saturday, March 2nd, 2019

Weigh-ins: Friday, March 1st - 6:00PM-7:30PM at the Cochranton Jr. Sr. High School and Saturday, March 2nd - 6:30AM-7:30AM & 11:00AM-12:00PM

**\*\*SATELLITE WEIGH-IN AT GROVE CITY HIGH SCHOOL ON 3/1/19 FROM 6-7 PM\*\***

IF YOU DO NOT MAKE YOUR PRE-REGISTERED WEIGHT, YOU WILL BE SCRATCHED

**\*\*\*\*\*REGISTRATION FEE WILL NOT BE REFUNDED\*\*\*\*\***

**\*\*\*\*NO EXCEPTIONS\*\*\*\***

Entry Fees: \$22.00 Pre Entry Fee - checks made payable to: *Cochranton Wrestling Club*

**ONLINE REGISTRATION/PAYMENT AVAILABLE AT LINK BELOW**

**Checks MUST BE received by Thursday, February 28<sup>th</sup> 2019**

A \$20 service charge for returned checks, plus bank fees

**NO PHONE-INS - NO FAX-INS - NO WALK-INS - NO EXCEPTIONS**

# ONLINE REGISTRATION (CLICK HERE)

**Eligibility:** Age as of December 31<sup>st</sup>, 2018 - Proof of age may be requested by head coaches only!

**Awards:** 1st, 2nd, 3rd, 4th, place

**Rules:** Double Eliminations Periods: **6 & U:** 1-1-1 periods-- All other ages groups will be: 2-1-1 periods

**\*\*\*Two or less wrestlers in a weight class will be moved up to the next weight class\*\*\***

**\*\*\*ANY WRESTLER WITH QUESTIONABLE SKIN MARKS/RASHES/LESIONS MUST HAVE PROPER MEDICAL PAPERWORK FOUND ON PAJW.ORG WEBSITE\*\*\***

<http://pajw.org/Communicable%20Skin%20Disease%20Form2.pdf>

**Morning Divisions:** 6 & Under / 9&10

**Afternoon Divisions:** 7 & 8 / 11 &12

**Starting Times:** Morning wrestling will start at 9:00AM and afternoon will start at approximately 1:00PM

**Admission:** Adults \$4.00 (including coaches) / Students \$2.00--Doors open at 6:30 AM

*CAFETERIA OPEN ALL DAY*

**6 & U:** 40 45 50 55 60 65 85

**7 & 8:** 45 50 55 60 65 75 90 110 (max)

**9 & 10:** 55 60 65 70 75 80 85 90 95 105 120 150 (max)

**11 & 12:** 65 70 75 80 85 90 95 100 105 115 125 135 145 160 200 (max)

**Send registration forms and \$22.00 to:**

Cochranton Wrestling Club

Justin Irwin  
30871 Lake Creek Road  
Cooperstown, PA 16317

**Additional information call:**

Ron Boss—(412)-722-9053

ONLINE REGISTRATION (CLICK HERE). AGE DIVISION:\_\_\_\_\_ WEIGHT CLASS:\_\_\_\_\_

Name\_\_\_\_\_ DOB\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ School/club\_\_\_\_\_ In consideration of

my child's entry, I waive and release the Cochranton Wrestling Club, The Crawford Central School District and anyone connected with the tournament of all claim or right to damages for injuries or losses suffered by my child at the tournament or traveling to or from the tournament. (Please enclose check for \$22.00 made payable to

Cochranton Wrestling Club) Parent or Guardian

Signature\_\_\_\_\_ Date\_\_\_\_\_ Wrestler's

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