

2019 Portage Mustangs Elementary Wrestling Tournament

Sponsored by Portage Wrestling Boosters

- Date:** Sunday, January 27, 2019
Place: Portage Area High School Gym (85 Mountain Avenue, Portage, PA 15946)
Entry Fee: \$27.00 **No Refunds**
Pre-Entry Only: **On-line** registration at www.pywrestling.com ends Thursday, January 24, 2019 at midnight. All **mail** in entries must be received by 6:00 pm, Thursday, January 24, 2019 (**Please note that the form must be received by that date, not mailed by that date – please mail early!**)
No walk-ins. Cut off will be 300 entries.
- Weigh Ins:** Saturday, January 26, 6:00 to 8:00 pm at Portage Area High School Locker Room
Sunday, January 27, 8:00 to 9:00 am at Portage Area High School Locker Room
There will be no weight allowance.
- Start Time:** Wrestling will begin at 9:30 am.
Rules: Modified PIAA, Headgear optional
Eligibility: Age as of December 31, 2018 (proof of age may be required). Wrestlers may enter only one age group and weight class. **No weight changes.**
- Awards:** *Personalized trophies to top four places in all age groups and weight classes!*
Food: Available throughout the day in the cafeteria.
- Age Divisions:** 6 and under: 40, 45, 50, 55, 60, Hwt (Max 80)
7 and 8: 45, 50, 55, 60, 65, 70, 80, 90, 100, Hwt (Max 120)
9 and 10: 55, 60, 65, 70, 75, 80, 85, 90, 100, 110, 120, Hwt (Max 140)
11 and 12: 65, 70, 75, 80, 85, 90, 95, 100, 110, 120, 130, Hwt (Max 160)
- Admission:** Adults - \$5.00 Students - \$3.00
Information: All bouts will be numbered and posted.
All divisions: Length of bouts: 1 min. – 1 min. – 1 min.
Sudden Death overtime: 30 sec. – 30 sec.
This tournament is **Double Elimination**. Two or less entries in a weight class may be moved up to next class. Weight classes with four or less entries will wrestle a round robin.
- For further information contact: Tina Lutz 814-418-4973
Tim Trusik 814-341-9889
Matt Hill 814-418-2313
- Mail registration form to: **Tina Lutz**
611 Orchard Street
Portage, PA 15946
- Make checks payable to: **Portage Wrestling Boosters**

ONLINE REGISTRATION (CLICK HERE)

Please Print Information as Legible as Possible.

Wrestlers Name: _____ Age Group: _____ Weight Class: _____

Birth Date: _____ Address: _____ Phone: _____

Cell Phone(____) _____ School District: _____ Coach: _____ Record: _____

In submitting this application, I hereby give my permission, as a consenting adult in charge of _____, to participate in the Portage Elementary Wrestling Tournament. I also understand that any injury or accident involving the above listed participant will not be held liable against the Portage Wrestling Boosters, Portage Area School District, or any sponsors, workers, or officials involved in the event. I agree by signing below that both the participant and guardian will act in a mature and responsible manner throughout the event.

Wrestler's Signature: _____ Parent / Guardian Signature: _____

THIS FORM MAY BE DUPLICATED