

**SELINGROVE 5 MAN ROUND ROBIN TOURNAMENT**

**33RD ANNUAL MYRTLE RAY MEMORIAL WRESTLING TOURNAMENT**

**AT SELINGROVE HIGH SCHOOL ON SATURDAY, JANUARY 5, 2019**

**DATE:** Saturday, January 5, 2019

**APPLICATION DEADLINE:** 1/2/2019– Pre-registration only! **NO WALK-INS**

**PLACE:** Selingsrove High School, 500 N. Broad Street, Selingsrove, PA 17870

**STAGGERED START TIMES: 9AM - Cadet and Bantam**

**12:30PM - Midget and Junior**

**RULES:** Age as of 1/05/2019. Proof of age/weight may be required if challenged. If challenged, copy of birth certificate is required day of tournament and/or wrestler must be within 2 pounds. Wrestlers may compete in only one division/weight class. Modified PIAA; PIAA officials. Bout length: 1-1-1. Wrestling will be conducted on 4 mats. Tie breaker criteria: 1. Head to head; 2. Most falls; 3. Point differential.

**Each bracket will be made up of 5 wrestlers (if possible) whose weights are closest with consideration given to experience and ability that is received on the tournament application. Every effort will be made to give each wrestler 4 matches.**

**Maximum of 350 wrestlers!**

**DIVISIONS:** Cadet (6 & under)

Bantam (7 & 8 yrs old)

Midget (9 & 10 yrs old)

Junior (11 & 12 yrs old) – No Jr. High experience

**AWARDS:** Cadet, Bantam and Midget: Trophies for 1<sup>st</sup> & 2<sup>nd</sup>; Medals for 3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup>

Junior: Medals for 1<sup>st</sup>-5<sup>th</sup> place

**ENTRY FEE:** \$20.00–**must be received by 1/2/2019** (No refunds)

**ONLINE ENTRIES AVAILABLE THROUGH PYWRESTLING.COM**

**TEAM DISCOUNTS ARE AVAILABLE – Please contact Joe Maurer**

**ONLINE REGISTRATION (CLICK HERE)**

Make checks payable to: Selingsrove Wrestling Association

P.O. Box 233, Hummels Wharf, PA 17831

**TOURNAMENT DIRECTOR:** Joe Maurer (570) 898-0805 **NO EMAIL ENTRIES**

**ADMISSION:** Adults - \$3.00; School age children - \$1.00; Pre-school – Free

**CONCESSIONS:** Food will be available in the cafeteria throughout the day. Light breakfast.

**\*\*\*\*\*PLEASE PRINT\*\*\*\*\*MAKE COPIES AS NEEDED\*\*\***

In consideration of this entry being accepted, I hereby for myself and my wrestler, waive and release any and all rights and claims for damage we may have against the Selingsrove Area School District and the Selingsrove Wrestling Association, its agents, representation or successors and assigns for all and any injuries suffered by me or my wrestler directly or indirectly as a result of this tournament.

**NAME** \_\_\_\_\_ **DIVISION** \_\_\_\_\_ **ACTUAL WT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**AGE** \_\_\_\_\_ **DOB** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**YRS EXPERIENCE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_ **2017-2018 RECORD** \_\_\_\_\_

**RECORD/PAST HONORS** \_\_\_\_\_

**ABILITY RATING: 1 2 3 4 5 (1- LEAST EXPERIENCE–5 MOST EXPERIENCE)**

**PARENT/COACH SIGNATURE** \_\_\_\_\_