

# TRI-VALLEY BULLDOG NOVICE ROUND ROBIN TOURNAMENT

**When:** Saturday, February 9th, 2019

**Where:** Tri-Valley High School, Hegins, PA

**\*\*Pre Registrations Only \*\* Absolutely no Walk -Ins!!!!**

**Brackets:** 3/4/5/6 man Round Robin Format Wrestling on 3 mats

**Absolute maximum 2 years wrestling experience !!**

**\*\*\* This tournament is intended for 1<sup>st</sup> and 2<sup>nd</sup> year wrestlers!\*\*\***

**\*\*BE HONEST WITH WEIGHTS\*\***

**Novice Divisions:** Novice Division for wrestlers with no more than 2 yrs. wrestling experience.

**Pee Wee:** 4 to 6 years old

**Bantam:** 7 & 8 years old

**Midget:** 9 & 10 years old

**Junior:** 11 & 12 years old (No 7<sup>th</sup> grade or Junior High experience)

**Weigh-ins:** Honor system will be used for weight.

**Age:** **Age is determined day of tournament**

**Bouts:** Three 1 min periods for all divisions, 1 min OT period.

**Registration:** \$25.00 per wrestler (pre-registration only)

**\*\*\* Please contact us for discount information for "teams" of 10+ wrestlers**

**NO EXCEPTIONS! All registrations must be received by Thursday, February 7th  
The Tournament will be limited to the first 200 registrations.**

**Format:** Round Robin with Madison Style Bracketing

**Honesty:** **Coaches, wrestlers and parents please be honest when filling out form!**

**\*\*\* In order to try and get the best group of wrestlers, I am asking you to rank your wrestlers novice ability on a scale of 1-5. 5 being the most experienced**

**Address:** Please make checks payable to Tri-Valley Bulldog Wrestling

Please mail registrations to:

Cliff Harner

PO Box 581

Valley View, PA 17983

**Email:** [cliffy76@hotmail.com](mailto:cliffy76@hotmail.com)

**Spectator Fee:** \$4.00 for adults (Including Coaches) \$3.00 students

**Check in Time:** 7:30am – 8:15am (all wrestlers must check in)

**Starting Time:** 9:00am (wrestlers late to mat will forfeit that match)

**Awards:** Trophies to all wrestlers

**Contact Info:** Cliff Harner (570)-933-5207 or email: [cliffy76@hotmail.com](mailto:cliffy76@hotmail.com)

Dave Boltz (570)-490-5397

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Please Print Clearly Duplicate as necessary

All registrations must be received by Thursday February 9th, 2019 via mail or email.

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

DOB: \_\_\_\_\_

AGE: \_\_\_\_\_

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

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Email: \_\_\_\_\_

Rating (1 to 5) \_\_\_\_\_

Division: Novice Age Bracket: \_\_\_\_\_

Actual Weight: \_\_\_\_\_

Record: \_\_\_\_\_

I hereby release the Tri-Valley Bulldogs Wrestling team, Board Members, coaches, tournament officials and the Tri-Valley School District from any and all claims, liabilities, and/or losses by me directly or indirectly in traveling to or from, and/or participating in the Tri-Valley Bulldog Novice round robin wrestling tournament.

Wrestler's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_