

19TH ANNUAL LYNX NOVICE WRESTLING TOURNAMENT

ROUND ROBIN

DATE/TIME: SUNDAY FEBRUARY 8, 2015. WRESTLING BEGINS AT 9:00 A.M.

ALL WRESTLERS MUST CHECK-IN BY 8:00 A.M. CHECK-IN STARTS AT 7:00 A.M.

PLACE: OLEY VALLEY SR. HIGH SCHOOL, 17 JEFFERSON ST, OLEY, PA

PREREQUISITE: To qualify for our novice tournament, you cannot have wrestled for more than two years. If this is your third year of wrestling OR you have placed in an OPEN tournament, you are NOT eligible for our NOVICE tournament.

WEIGH-IN: Honor System – No weigh-ins. Please submit weight to tenth of pound. Must be within 2 pounds in singlet and wrestling shoes. Scale will be available for challenges, no challenges after 1st round. ****ACTUAL WEIGHT MUST BE ON REGISTRATION FORM** POSITIVELY NO WEIGHT CHANGES ALLOWED ON THE DAY OF THE TOURNAMENT!**

FORMAT: 5 Man Round Robin – whenever possible. Madison system will be used. Three mats will be used.

RULES: *Age as of Tournament Date Required
PROOF OF AGE REQUIRED IF CHALLENGED ****BOTH WRESTLERS HAVE TO SHOW PROOF**
*PIAA modified rules *All bouts 1-1-1 (OT 1-30) *No 7th Graders
*Headgear/Singlet Required *No Loose T-Shirts *Only 1 Entry Per Wrestler
*Weight classes may be combined or split

AWARDS: TOP 3 WRESTLERS IN EACH WEIGHT CLASS WILL RECEIVE ATROPHY. ALL WRESTLERS WILL RECEIVE A PARTICIPATION MEDAL.

ENTRY FEE: \$20.00 must be received no later than February 4, 2015.

*PRE-REGISTRATION ONLY. ABSOLUTELY NO WALK-INS! NO EXCEPTIONS!

ADMISSION: Adults: \$5.00 Students: \$1.00 Senior Citizens: \$2.00

MAXIMUM OF 150 WRESTLERS

Breakfast and Lunch will be served throughout the day. Tournament T-Shirts and Novelties will be available all day.

Tournament Director: For questions or additional information please contact Walt Stofflet (610) 987-0133

*Tournament Director reserves the right to alter appropriate weight classes. All decisions of the Director are FINAL!
NO REFUNDS WILL BE GIVEN FOR ANY REASON (including weather, incomplete information on form, etc.)



.....
PLEASE CIRCLE THE APPROPRIATE AGE BRACKET OF WRESTLER AS OF TOURNAMENT DATE

PEE WEE
6 & UNDER

BANTAM
8 & UNDER

MIDGET
10 & UNDER

Name of Wrestler _____ Birth Date _____ Age _____ Weight _____

Address _____ Phone _____

School/Club _____

In consideration of the acceptance of this entry, I hereby waive the release of any and all rights to claims for damage or injury I may have against the LYNX WRESTLING CLUB, The Oley Valley School District or the Officials while competing in or traveling to or from the above tournament.

Parent/Guardian Signature: _____

Wrestler's Signature: _____

Return this form with PAYMENT of \$20.00. Payments must be enclosed. If you are paying by check, please include name and phone # on your check. Money checks payable to: LYNX WRESTLING CLUB.

MAIL CHECKS AND RETURN FORM TO: **Lynx Wrestling Club 386 Lobachsville Road, Oley, PA 19547**

Pennsylvania Youth Wrestling

Digitally signed by Pennsylvania Youth Wrestling
DN: cn=Pennsylvania Youth Wrestling, o=Pennsylvania Youth Wrestling, ou=PYW, email=pywrestlingmark@yahoo.com, c=US
Date: 2014.10.25 05:12:50 -05'00'