

13th ANNUAL JAMES P. WALLACE JR. MEMORIAL WRESTLING TOURNAMENT
Sponsored by the TWINSBURG WRESTLING PARENTS



OhioWrestler.com
TOP 20 LIST

WHERE: Twinsburg High School, 10084 Ravenna Road, Twinsburg, Ohio
DATE: SUNDAY, November 29, 2009
TIME: WRESTLING BEGINS PROMPTLY at 9:00 am for 6 and under, 7 & 8 year olds.
WRESTLING BEGINS at NOON for 9, 10, 11 and 12 year olds
AWARDS: THROUGH THE FIRST FOUR PLACES
ENTRY FEE: \$20.00 (MUST BE PAID BY NOVEMBER 25, 2009 - NO EXCEPTIONS)
ADMISSION: 2.00 for children \$5.00 for adults

LIMIT: 400 participants. Weight classes with less than 3 boys may be combined with another class. No wrestler will be moved without parents or coaches permission.

MATCHES: Modified OHSAA rules will be followed. Periods are 1 ½ - 1 ½ for ages 10 and under and 2 - 2 for ages 11 & 12. 20 minute rest between matches. Sudden death overtime. Double elimination, except in championship final. 12 point lead ends the match. Wrestlers will start on their feet both periods. Qualified officials will be used.

FOOD: Concession stand will be available.

<u>AGE</u>	<u>WEIGHT CLASSES</u>
6 and under	40, 45, 50, 55, 60, 65, heavy
7 and 8	45, 50, 55, 60, 65, 70, 75, 85 heavy
9 and 10	55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 115, heavy
11 and 12	65, 70, 75, 80, 85, 90, 95, 105, 115, 125, 135, heavy

WEIGHT INS: ALL CALL IN WEIGHTS. CALL IN YOUR WRESTLERS AND THEIR WEIGHTS TO DARLENE MARIOLA, 330-425-2510. Forms may be mailed to DARLENE MARIOLA, 1902 HILLSDALE, DRIVE, TWINSBURG, OHIO 44087. or emailed to gaildavid@windstream.net. Names, weight, and entry fee MUST received by NOVEMBER 25, 2009 (NO EXCEPTIONS). All weights MUST be verified by the Head Coach or a school official.

THIS FORM MAY BE DUPLICATED

NAME _____ WT _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____

DATE OF BIRTH _____ AGE _____ SCHOOL/CLUB _____ GRADE _____

In consideration of your acceptance of this entry, the undersigned individual and, or in representation capacity as parent or guardian for themselves and for their heirs, administrators or assigns, hereby waive, release and hold harmless TWINSBURG CITY SCHOOL, TWINSBURG BOARD OF EDUCATION, all tournament officials and administrators, and all other persons or entries having official involvement with their tournament for any and all claims for rights by training or traveling to or from and/or participation in or in anyway arising out of the 13th ANNUAL JAMES P. WALLACE JR. MEMORIAL YOUTH WRESTLING TOURNAMENT.

WRESTLER'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE MAKE ALL CHECKS PAYABLE TO DARLENE MARIOLA, TWINSBURG WRESTLING.

*Copy of Entry Form provided by www.OhioWrestler.com
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