



VIENNA YOUTH WRESTLING



4th ANNUAL NOVICE TOURNAMENT

(1st & 2nd Year Wrestlers Only)

PLACE: Mineral Wells School **DATE:** November 22nd, 2009
CALL INS \$20 MAIL INS \$18 TEAM Pay \$15 (10 or more)
**** Make Checks Payable To Vienna Youth Wrestling ****

Mail entries to: Vienna Wrestling, P.O Box 4337, Parkersburg WV, 26104
Call Ins: Buddy or Amanda (304) 917-4884 or Larry Lott (304) 488-6118

E-mail entries: Vienna_wrestling05@hotmail.com

Deadline for all entries November 19th @ Midnight

****Team pay must be mailed/received with payment made by coach to get team rate.****

Weigh Ins: Saturday 7:30-9:30PM Sunday 7:00-8:30AM

Scratch Meeting: 9:15AM Wrestling Starts: 9:30AM

Rules: Wrestlers will wrestle one 3 minute round. Scholastic rules apply. With sudden death O.T.

We reserve the right to combine weight classes to maximize competition.

******* REFEREES DECISION WILL BE FINAL *******

Individual awards will be given to the top four finishers in each class.

Blind draw seeding with every effort made to split those of the same team.

WEIGHT CLASSES (CIRCLE AGE & WEIGHT CLASS)

** Use separate form for second entry. (additional \$15) **

4-U 32 36 40 HWT.
5-6 40 45 50 55 60 HWT
7-8 45 50 55 60 65 70 75 HWT.
9-10 55 60 65 70 75 80 85 95 105 HWT
11-12 80 90 100 110 120 HWT

Name _____ **Phone** _____ **D.O.B** _____

Address _____

Age Group _____ **Weight Class** _____ **Team** _____

Please enter my child in the above wrestling event. In consideration or your acceptance of this entry, I understand I am legally bound for myself, my heirs and assign and waive any and all claims to damages or injuries. I understand that Vienna Wrestling or any volunteer of this event can NOT be held liable for such matters. By signing this contract I truthfully state that my child is a 1st or 2nd year wrestler, and I understand this event is designed to honor those Novice wrestlers for their efforts.

Parents signature _____

Coaches signature _____