



# BUCKHANNON YOUTH WRESTLING TOURNAMENT

**When:** Sunday, December 1, 2019

**Where:** Buckhannon Upshur High School – Buckhannon, WV

**Registration:** All forms must be post marked by Wednesday Nov.27<sup>th</sup>. **No Walk ins will be accepted.**

Call-ins and Emails will be accepted until Friday Nov. 29<sup>th</sup> by 9:00 pm

**Fees:** \$25 single entry, or \$20 team entry for team submission for 10 or more wrestlers.

We accept cash, card, or check (**payable to BU Youth Wrestling**).

Admissions: \$5.00 Adults, \$3.00 Students, under 5 free.

**Time:** Weigh ins: Saturday Nov. 30<sup>th</sup> 6-8 pm at BU Wrestling Facility (tan block building on right coming into BU-High School)

**Split tournament:** Weigh ins for **6 and under and 11-12 from 7:00 am to 8:30** am and wrestling will begin at approximately 9:30 am. Weigh ins for **7-10 year olds from 11am-12:30pm** and wrestling will begin at approximately 1:15pm.

**Food:** Concession will be available all day. We accept cash, card, or check. Hospitality room for officials and coaches only.

**Rules:** Three (3) one (1) minute periods for all age divisions, scholastic rules apply. Double elimination.

**Awards:** Individuals 1<sup>st</sup>-4<sup>th</sup> place receive trophies. Team finishes 1<sup>st</sup> -3<sup>rd</sup> place.

**Contact:** Scott Baron (814) 720-9638 cell, email: [buyouthwrestling@gmail.com](mailto:buyouthwrestling@gmail.com)

**Weights:** 1 pound weight allowance. Limit 2 entries per wrestler, 1 per age division. Second entry \$15. Missed weight will result in a bump up fee of \$10. We reserve the right to combine weight classes. Age as of tournament date.

Clip and mail form to: Scott Baron- 70 Wimer Ave Buckhannon, WV 26201

## CIRCLE WT CLASS IN APPROPRIATE AGE GROUP

**4u:** 35 40 45 50 HWT (65 MAX)

**5 & 6:** 40 45 50 55 60 HWT (75 MAX)

**7 & 8:** 45 50 55 60 65 70 75 85 HWT (120 MAX)

**9 & 10:** 55 60 65 70 75 80 85 90 95 105 115 125 HWT (160 MAX)

**11 & 12:** 65 70 75 80 85 90 95 100 105 115 125 135 145 160 HWT (200 MAX)

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby give my permission to the child listed on this form to wrestle in the Buckhannon Youth Wrestling Tournament. My signature below releases all sponsoring bodies and their officials from any and all legal claims or right to damages for injuries or losses suffered by my child or myself directly or indirectly while training for, traveling to and from, or participating in this event.

Parent/Legal Guardian Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

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