## PARKERSBURG COUGAR CLASSIC

The Tradition Continues!

## Saturday December 7th, 2019

Location: Parkersburg High School, Field House, 2101 Dudley Avenue, Parkersburg WV, 26101

Entry Fee: \$25.00 Mail-ins and Email. \$30 for Walk-ins. Each additional class will be \$10.00.

Admission: \$5.00 for adults and \$2.00 for children (under 3 free).

**Start Time:** Scratch meeting, if needed, will start at approx. 9 AM, with wrestling starting at approx. 10:00AM.

Weigh-Ins: Friday, Dec. 6th from 6:30-8:00PM and Saturday, Dec. 7th from 6:30- 8:00AM. (*NO WEIGHT ALLOWANCE*)

**Rules:** Modified high school rules, 3 one-minute periods. Sudden Death Overtime Double Elimination for weight classes. Five or less competitors will be a round robin. We reserve the right to combine weight classes to maximize competition.

**Awards:** All Champions with receive a Championship Ring! 2<sup>Nd</sup> – 4<sup>th</sup> places will receive 5-inch Custom Medals!



Registration: All forms must be post marked by Tuesday, December 3rd. Emails will be accepted until Wednesday, Dec 4th by 10:00PM. Make check payable to: Parkersburg Cougars. Mail to: 5 Woodland Dr. Vienna, WV 26105. Email: Parkersburg.cougar.wrestling@gmail.com Team Pay entry need to contact Chris Miller @ (304) 481-2968

Weights	<b>Clas</b>	ses: C	Circle	the v	veigh	nt clas	ss/es	that	are b	eing	ente	r <b>ed.</b>			
4U:	35	40	45	HWT											
5/6:	40	45	50	55	60	HWT	(MA)	X 75)							
7/8:	45	50	55	60	65	70	75	85	нwт	(MAX	120)				
9/10	55	60	65	70	80	85	90	95	105	125	HWT	(MAX	( <b>160</b> )		
11/12:	65	70	75	80	85	90	95	100	115	125	135	145	160	HWT(MAX	200)

## **Wrestlers Information:**

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Name (Last, First)			2 10	
School/Club:	114	100	- 2	_
Address:	Sell L	-		2.
City:	State:		Zip Code:	
Birthday:/		AGE:	A STATE OF THE OWNER	
Weight:		12		1

I hereby give my permission to the child listed on the form to wrestle in the Parkersburg Cougar Classic. My signature Below releases all sponsoring bodies, their officials and referees from any legal claims or rights 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.

Signature of Parent or Guardian: