

# Sgt. Dan Silman Memorial Youth Wrestling Tournament

**Saturday – December 28, 2019**

Nicholas County High School in Summersville, WV

WEIGH INS:BEGIN @ 7AM-830 AM 9-12 YR OLDS, SCRATCH MEETING FOLLOWS. WRESTLING BEGINS APPROX. 9AM. 8 AND UNDER WEIGH INS BEGIN @ 11AM-12:30 PM. SCRATCH MEETING FOLLOWS, WRESTLING BEGINS APPROX. 1PM. **NO weight allowance!** \$15 Move up fee if wrestler fails to make weight

**ELIGIBILITY: AGE AS OF December 1, 2019**

ENTRY FEE: \$20.00 Mail in or Email \$25 For Call in \$15.00 EA. FOR TEAM ENTRIES OF 10 OR MORE.

MAY DOUBLE ENTER@HIGHER AGE/WEIGHT \$15 per entry

NO WALK-INS OR LATE ENTRIES WILL BE ACCEPTED!

MAKE CHECKS PAYABLE TO: Sgt. Daniel W. Silman Memorial Foundation

MAIL TO: 700 Main Street Suite #3 Summersville, WV 26651

**All entries must be received by THURSDAY, December 26, 2019**

Admission: \$5.00 adult's \$3.00 children under 6 yrs old free

Awards: Individual Awards -1st thru 4th

Misc: Scholastic rules: 1 min rounds, overtime sudden death

Proof of age if challenged, double elimination, we reserve the right to combine weight classes, Seeding based on records received, Registered officials used – their decision is final

Concessions and hospitality room will be available all day (Two Coaches Per Team)

Questions and call ins Nicholas County Sheriff's Department @ 304-872-7880 (between 8:30 am and 4:30 pm)

Emails to [bodell217@yahoo.com](mailto:bodell217@yahoo.com), [bobbyholdren@yahoo.com](mailto:bobbyholdren@yahoo.com), or [jwevans221@yahoo.com](mailto:jwevans221@yahoo.com)

**CALL, TEXT, OR LEAVE MESSAGE @ 304-651-0214 (BOBBY HOLDREN) OR**

**304-619-5234 (BO O'DELL) OR 304-651-0245 (JOHN EVANS)**

Age/weight classes: (Circle)

4-under 30 35 40 45 50 55 HWT(MAX 65)

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

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

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

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

Name \_\_\_\_\_

Phone# \_\_\_\_\_ Team \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Actual weight \_\_\_\_\_ Record W \_\_\_\_\_ L \_\_\_\_\_

Yrs experience \_\_\_\_\_

Upon acceptance of my entry I agree that I am legally bound and wave all members of the Nicholas County Board of Education, all affiliates, sponsors and organizers from any claims to injuries, damages, and property losses while attending and or participating in this tournament

Parent Signature \_\_\_\_\_

Print Parent name \_\_\_\_\_

Date \_\_\_\_\_ Wrestler \_\_\_\_\_