7th Annual Winter Storm Round Robin *It's All About the Mat Time!*

Date:	Sunday, December 10, 2023		
Place:	Keyser High School, 328 One Tornado Way, Keyser, WV 26726		
	(20 Miles South of Cumberland, MD.)		
Weights:	Madison weights – brackets will be based on weight at weigh-ins. Every effort w wrestlers in 4 – man brackets by nearest weights.	ill be made to group	
Weigh-Ins:	Saturday, December 9 th from 5:00pm to 6:00pm ALL weight classes Sunday, December 10 th - Indicated below per age group.		
Group:	Weigh-In Time: Approximate Wrestling Time:		
13 to 15	7:30am – 8:15am 9:00am		
11 & 12	8:30am – 9:15am 10:00am		
9 & 10	9:30am – 10:15am 11:00am		
7 & 8	11:00am – 11:45am 12:30pm		
6 & Under	12:30am – 1:15pm 2:00pm		
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Eligibility:	Age as of January 1, 2024. No Varsity Experience. Wrestling shoes required.		
Entry Fee:	Mail-In/Email Registration \$25. Email entries to be paid at Tournament.		
	All Email entries must be received by Wednesday, Dec. 6, 2023.		
	Walk-Ins are welcome. Double entries at higher age bracket and additional \$15.		
	No refunds. Make checks payable to: Keyser Grapplers Association		
Rules/Misc:			
	 Proof of age required if challenged. 		
	 Referee's decisions are FINAL. 		
	• Unsportsmanlike conduct will result in expulsion from the tournament.		
	Head gear optional.		
	• Period times: $1:00 - 1:30 - 1:30$ (13 to 15) $1 - 1 - 1$ (12U and under)		
	• Overtime: 1:00 then :30 (all divisions)		
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Awards:	Individual Medals 1 st – 3 rd Places.		
Admission:	Adults \$5 Students \$3 One Coach per 10 Wrestlers. Light Concessions served all day. Coach's Hospitality Room Provided.		
Entries:	Mail: Amber Rotruck Attention: Grapplers Association 426 Cabin Run Rd, Keys	er, WV 26726	
	Email: <u>kgawrestling@gmail.com</u> (confirmation from email entries)		
Tournament D	Director Info: Amber Rotruck 304-813-5232 Laura Holland 304-813-0286		
Tournament D	Amber Routek 304-013-3232 Laura Honand 304-013-0200		
Age Division:	(please circle) 6&U 7&8 9&10 11&12 13-15	For Tournament Use Only:	
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Approx.Weight	nt: Birth Date:	_	
Name:	Phone:	.	
Toom	Vwa Wwastlad & Daggad.		
Team:	Yrs. Wrestled & Record:	iation tournament directors	
coaches, sponsors, K	KHS, and anyone connected with Keyser Grapplers' Association from all claims or rights to damages for injuries of		
named wrestler at this	his tournament.		
Donant/Cyanalia	on Signatural		
Parent/Guardian	an Signature: Date:		