

Haverford True Novice Tournament

FIRST YEAR "TRUE" NOVICE YOUTH WRESTLING TOURNAMENT

Double Elimination

Sunday, February 12, 2012

LOCATION:	HAVERFORD HIGH SCHOOL, 200 Mill Road, Havertown, PA 19083
ENTRY FEE:	\$25.00 NO WALK-INS Tournament limit 300 wrestlers
DEADLINE:	All Entries Must be Postmarked by Monday, February 6, 2012 Please get your registrations in as early as possible!
ADMISSION:	\$5.00 Adults, Wrestlers: FREE

- AGE DIVISIONS:** Age on tournament date. Wrestlers may enter only one age division. Pee Wee 6 & Under, Bantam 7 & 8, Midget 9 & 10, Junior 11 & 12
- WEIGHT CLASSES:** Each Age Division will be sorted by actual weight and placed in brackets of eight or less.
- WEIGH-INS:** We will use **the honor system** for age and weights. Remember, teaching your wrestler honesty is more important than any wrestling victory.
- CHALLENGES:** Challenges will be at the discretion of the tournament director. Random weight checks will be conducted. Birth Certificate required for age challenges.
- WRESTLING START TIME:** 9:00a.m.; doors open at 8:00a.m.
- BOUT TIMES:** Pee Wee, Bantam, Midget and Junior = 1-1-1 OT = 1:00 :30 Ride Out
- FORMAT:** 4 Mats, Double Elimination, Modified PIAA Rules, No Sneakers or T-Shirts, headgear mandatory
Madison-style bracketing – wrestlers will be placed into groups of eight by weight within each age division. Random Seeding.
- AWARDS:** First, Second, Third and Fourth Place **TEAM TROPHIES:** First, Second and Third Place
- REFRESHMENTS:** Hot food and snacks will be available all day
- FOR MORE INFORMATION:** Email: htpwrestling@yahoo.com or call Chester Rozanski, Tournament Director, at 610-853-4898 or 484-889-7884.
- DIRECTIONS:** Mapquest.com "200 Mill Road, Havertown, Pa. 19083"

WRESTLER'S NAME _____ PHONE () _____

ADDRESS: _____ CITY/STATE/ZIP: _____

AGE ON 2/12/2012: _____ BIRTHDATE: _____ AGE DIVISION: _____

ACTUAL WEIGHT: _____ Coaches: please verify weight and initial here: _____

EMAIL: _____ Team: _____

NOTE: Entrants MUST provide EMAIL Address. A confirmation email will be sent once we receive your registration and payment.
Consent: I hereby give permission for my child to participate in Haverford Youth Wrestling True Novice Youth Wrestling Tournament and release the Haverford Youth Wrestling Club as well as their representatives, agents, successors, assigns and referees from all liability. I attest that the age and weight entered for the wrestler are true and correct.
Parent's Signature: _____ Coach Signature: _____
Wrestler MUST obtain Coach Signature on entry form. If no signature is obtained, your form will be considered VOID.
Signature will verify wrestler is a TRUE Novice, First Year Wrestler.

MAIL ENTRY FORM WITH CHECK OR MONEY ORDER TO: (Payable to: Haverford Township Wrestling)
HAVERFORD YOUTH WRESTLING ASSOCIATION, c/o Colleen Tavani
1624 Ashton Road
Havertown, PA. 19083