

**MIDDLETOWN 15TH ANNUAL-BLUE RAIDER ELEMENTARY WRESTLING TOURNAMENT**  
**SUNDAY, February 3, 2007**  
**WRESTLING STARTS AT 9:00 A.M.**  
**LIMITED TO FIRST 350 WRESTLERS**

PLACE: Middletown Area High School, 1155 North Union Street, Middletown, PA

WEIGH INS: **Saturday February 2, 2008 from 5:00 - 7:00 P.M. NO WALK-ONS SUNDAY**

PEEWEE 6 & UNDER 40,45,50,55,60,65,70,75,HWT(MAX 85)  
BANTAM: 8 & UNDER 45,50,55,60,65,70,75,80,85,90 HWT(MAX 100)  
MIDGET: 9 & 10 55,60,65,70,75,80,85,90,95,105,115,125,130 HWT(MAX 140)  
JUNIOR: 11 & 12 65,70,75,80,85,90,95,105,115,125,145,150, 155, 160 HWT (MAX 170) **NO JUNIOR HIGH EXP.**  
JUNIOR HIGH: 75,80,85,90,95,100,105,110,115,122,130,138,145,155,165,185,210, HWT(Max 250)  
**NO HIGH SCHOOL EXP.**

RULES: AGE AS OF DATE OF TOURNAMENT  
PIAA MODIFIED. PIAA OFFICIALS WILL BE USED AS AVAILABLE

SEEDING: Seeding will be considered for early entries.

MATCHES: All Divisions 1\*1\*1, SUDDEN DEATH OVERTIME

AWARDS: Top four place winners will receive awards

UNIFORM: One-Piece Singlet Preferred

Tournament Officials reserve the right to combine weight classes if less than four in a class. Weight classes exceeding 16 may be split. Wrestlers who enter and are not qualified will forfeit the matches and entry fees.

**FEE: \$20 ENTRY FEE IF POSTMARKED BY JANUARY 28, 2008**  
**\$25 FOR WALK-ONS - Saturday February 2, 2008**  
**\$15 Team discounts for 8 OR MORE (Call tournament director TO QUALIFY)**

**CONTACT: ROBERTA MUMMERT, ASSISTANT TOURNAMENT DIRECTOR, (717) 930-6662;**  
**Mail form to: P.O. BOX 74, Middletown, PA 17057 E-mail: [mtownwrestling@msn.com](mailto:mtownwrestling@msn.com)**  
**or visit our Website: [www.middletownwrestling.com](http://www.middletownwrestling.com)**

**ADMISSION: ADULTS \$3, STUDENTS \$1**

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**OPEN REGISTRATION FORM** Division \_\_\_\_\_ **WT CLASS** \_\_\_\_\_

SCHOOL/TEAM \_\_\_\_\_ 2006-07 RECORD \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

IN CONSIDERATION OF THIS ENTRY FORM BEING ACCEPTED, I HEREBY WAIVE AND RELEASE ALL RIGHTS OR CLAIMS FOR DAMAGES AGAINST THE MIDDLETOWN AREA SCHOOL DISTRICT, MIDDLETOWN WRESTLING ASSOCIATION, ITS REPRESENTATIVES, SUCCESSORS OR ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME DIRECTLY OR INDIRECTLY AS A RESULT OF THIS TOURNAMENT.

WRESTLERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Make Checks Payable to: MIDDLETOWN WRESTLING ASSOCIATION – MWA  
(Returned checks are subject to a fee)