

MIDDLETOWN 6TH ANNUAL NOVICE WRESTLING TOURNAMENT
SATURDAY, FEBRUARY 2, 2008
WRESTLING STARTS AT 9:00 A.M.
LIMITED TO FIRST 450 WRESTLERS
Every Wrestlers Receives an Award

LIMITED TO NOVICE – FIRST & SECOND YEAR – WRESTLERS ONLY!

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

WEIGH INS: **NO WEIGHT INS.** Wrestler will be placed in Division and Weight as indicated on registration form. Registration form **MUST** be received no later than January 28, 2008 to be entered for this tournament.
NO WALK INS ACCEPTED.

START TIME: 9:00 A.M FOR Pee Wee and Bantam

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)

START TIME 11:00 PM FOR Midget, Junior and Junior High

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
Tournament Officials reserve the right to combine weight classes if less than 4 in bracket. Our goal is to guarantee each wrestler two matches.

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

UNIFORM: One-Piece Singlet Preferred

FEE: \$20 ENTRY FEE MUST BE RECEIVED NO LATER THEN JANUARY 28, 2008 NO WALK-ONS
\$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
or visit our Website: www.middletownwrestling.com

ADMISSION: ADULTS \$3, STUDENTS \$1

NOVICE REGISTRATION FORM Division _____ **WTCLASS** _____

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)