

7th Annual New Rochelle Spring Wrestling Tournament

Place: New Rochelle High School, 265 Clove Rd. New Rochelle, NY 10801

Date: Saturday, May 10, 2008

Participants: Open to all – ages 10 and under through high school

Entry Fee: \$20.00 if received by May 3, 2008. \$25.00 (cash) for late registrations and walk-ins are welcomed. There is a maximum of 300 wrestling participants. Please make check payable to: New Rochelle Wrestling G.O. and send to:

Jim Guccione
New Rochelle High School
265 Clove Road
New Rochelle, N.Y., 10801

Weigh Ins: 7:00am – 8:30am on tournament day. We reserve the right to eliminate and create new weight classes if necessary. There will be a skin check.

Rules: Folk style, all wrestlers will be guaranteed 2 matches. Time periods: 9-14 years of age 1-1-1, 15-18 years of age 2-1-1. Proof of age may be required if questioned

Awards: 1st-3rd place medals

If you may have any questions regarding the tournament please feel free to call Jim Guccione (914)-576-4577 (Day) or Paul Williams (914) 381-2760 (Evening)

This is a USA Sanctioned Event. Membership cards are available by going to TheMat.com and clicking on membership. AGE is determined as of 5/10/2008 Weight Classes.

10 and under: Madison Weights

11-12: Madison Weights

13-14 (Middle School)- No Var. EXP: Madison Weights

15-18 (High School):99,106,115,122,128,133,138,143,148,155,163,174,192,218,278

Sign, detach and return with check payable to: **NEW ROCHELLE WRESTLING G.O.** \$20.00 if paid by May 3, 2008. \$25.00 for late registration.

Wrestler's Name _____
Date of Birth: _____ Age Group: _____
Address: _____
Phone Number: _____
City: _____ State: _____ Zip: _____
School/Club: _____

Current USA Card # _____ In consideration of this entry being accepted, I hereby for my son, waiver and release any and all rights and claims for damages I may have against the New Rochelle Huguenot Wrestling Club, The New Rochelle City School District, and USA Wrestling, their agents, representatives, officials, volunteers, and assigns for any and all injuries suffered by my child at said tournament. I take full responsibility for my child's participation in this tournament.

Signature of Parent: _____ Date: _____
Name of Wrestler: _____