



Port Clinton Spring Open
WRESTLING TOURNAMENT



***** An OhioWrestler.com TOP 20 Point Scoring Event *****

OhioWrestler.com
TOP 20 LIST

Sun April 1st, 2012

Location: Port Clinton H.S., 821 S. Jefferson St., Port Clinton, OH

Entry: \$15.00 postmarked before March 15th 2011. \$20.00 after that/at door

Checks Payable to: Port Clinton Wrestling Club

Mail to: Port Clinton Wrestling Club P.O. Box 674, Port Clinton, OH 43452

Questions: James Mullens (419)341-3446 Frank Melchor (419)463-7248

Weigh-in: Sat March 31st, 2012 7:00 -8:30 PM

Sun April 1st Div 0-III 7:00-8:30AM Div IV & V 11:30 - 12:30

E-mail weights accepted with 10 or more kids traveling 30 miles or more before 8:00pm Friday March 30th (Spot checks will be performed)

Coaches to pay for all weights e-mail

| DIVISION | AGE | WEIGHTS |
|----------|-------------|---------------------------------------|
| 0 | 6 AND UNDER | |
| I | 7 - 8 YRS | <u>All weights will be determined</u> |
| II | 9 - 10 YRS | <u>at the tournament.</u> |
| III | 11 - 12 YRS | |
| IV | 13 - 14 YRS | |
| V | 15 - 18 YRS | |

*Birth certificate must be presented if challenged.

E-mail team rosters and weights to: MullensTree@gmail.com

Time: Wrestling begins at 10:00 for Div 0-III / 2:00 for Div IV & V

Rules: (2) 1 1/2 minute period - No referees' position - out of bounds or lack of activity results in neutral start. - 12-point tech fall. -

Sudden death O.T. - Double elimination or round robin, pending on numbers.

CERTIFIED WRESTLING OFFICIALS.

Div IV and V, Normal high school Rules

Dress: Shorts & T-shirt - prefer singlet (no sweats)

Awards: 1st, 2nd, 3rd, 4th place

Admission: Adults: \$4.00 Students: \$3.00 Family Pass \$8.00

Hot and cold food served all day. (No coolers in gymnasium)

-----PLEASE PRINT-----

NAME _____ PHONE _____

ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE (as of 4/1/12) _____

In consideration for acceptance of this entry for the Port Clinton Wrestling Tournament, April 1st, 2012, I hereby waive and release for myself, my heirs, and administrators, all rights and claims for damage against the Port Clinton School Board of Education, the Port Clinton Wrestling Club, the Port Clinton wrestling team, sponsors, committees, and officials from any and all injuries suffered by me directly, or indirectly, at this tournament.

DATE _____ WRESTLER SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

NOTE: THIS ENTRY FORM WILL NOT BE ACCEPTED UNLESS ALL SIGNATURES ARE PRESENT!!!!

Copy of Entry Form provided by www.OhioWrestler.com
with permission of Port Clinton Wrestling Club per James Mullens

