***Union City High School Presents…***

***Rumble On the Roof***

***At Night, Under Lights***

***Thursday, August 8th 2013***

***At Roosevelt Stadium, Union City High School***

***Union City, NJ***

(2500 Kennedy Blvd, Union City, NJ 07087)

**Tournament Information**

$25 Mail In: ***UCHS Attn D Clauser 2500 Kennedy Blvd***

***Union City, NJ 07087***

$30 dollar Walk ins Day of the Tournament

Make Checks Payable to: (***Union City High School Athletic Dept.***)

**Weigh-In Information**

Weigh-Ins will take place at UCHS from 4-5

|  |  |  |
| --- | --- | --- |
| **Divisions**Division 1 (9 & 10 Years Old)Division 2 (11 & 12 Years Old)Division 3 (13 & 14 Year Old)Division 4 (High School) | **Start Times**6:30 PM6:30 PM6:30 PM6:30 PM | **Weigh Ins**4:00-5:00 PM4:00-5:00 PM4:00-5:00 PM4:00-5:00 PM |

***MADISON WEIGHT CLASSES***

***Tournament Rules:*** Age as of June 1st, 2013. High School is for incoming 9th graders and returning 12th graders. **Must wear a singlet or tight fitting shorts & t-shirt.**

***Time Periods:*** Division 1,2,3 are (3 – 1 min Periods, OT is 1 – 0:30 – 0:30 – 0:30)

 Division 4 is (3- 90 Sec Periods, OT is 1 – 0:30 – 0:30 – 0:30)

***Free Parking Garage Located on 23st***

***Concessions all Night***

***For Additional Information contact:***

***Michael Mabel at*** ***mmabel@union-city.k12.nj.us*** ***or (973) 670-0304***

***Rumble on the Roof 8/8/2013***

***REGISTRATION FORM (All fields must be filled out)***

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School / Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Division – Circle One:***

Division 1 Division 2 Division 3 Division 4

Age 9 & 10 Age 11 & 12 Age 13 & 14 High School

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Phone:(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hear-by declare that as a participant in this tournament I will enter at my own risk. I will not in any way hold liable the officials, coaches, the hosting facility, or its employees for any injury that I may receive while in this tournament, or traveling to and from this tournament.

 Wrestlers Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parents Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail To: UCHS (ATTN D Clauser)**

 **2500 Kennedy Boulevard**

 **Union City, NJ 07087**

***Tournament Staff Use Only***

Payment Type(Check/MO #, Cash):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Division # For Confirmation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Actual Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_