

# NHSCA NATIONAL OPEN WRESTLING CHAMPIONSHIP QUALIFIER

**SPONSORED BY: PEQUANNOCK H.S. FRIENDS OF WRESTLING AND POMPTON LAKES CARDINAL WRESTLING**

**WHEN: Sunday APRIL 22nd**

**WHERE: PEQUANNOCK TOWNSHIP HIGH SCHOOL  
85 SUNSET ROAD, POMPTON PLAINS, NJ 07444**

**TIME: SPLIT SESSIONS:  
9:00 AM FOR ELEMENTARY AND MIDDLE SCHOOL DIV.  
12:00 PM (APPROX.) H.S. AND OPEN DIV.**

**All elementary and middle school Div. Must check in by 8:00 AM  
All H.S. and Open Div. Must check in by 11:00 AM**

**WEIGH-INS:** THERE WILL BE NO WEIGH - INS FOR PRE-REGISTERED WRESTLERS. WEIGH - INS ARE BASED ON THE "HONOR SYSTEM". LIST YOUR EXACT WEIGHT ON THE APPLICATION. **IF CHALLENGED, YOUR WEIGHT MUST BE WITHIN 2 LBS OF WEIGHT CLASS LISTED OR WRESTLER WILL BE DISQUALIFIED.** WALK - INS WILL BE WEIGHED.

WALK - INS FOR 1<sup>ST</sup> SESSION: 7:00-8:00 AM DAY OF TOURNAMENT  
WALK - INS FOR 2<sup>ND</sup> SESSION: 10:00-11:00 AM DAY OF TOURNAMENT

**DIVISIONS: & WEIGHTS** ELEMENTARY SCHOOL [ GRADES 4-6 ] - 55,60,65,70,75,80,85,85,90,95,100,105,112,119,125,132,160  
MIDDLE SCHOOL (GRADES 6-8) - 75,80,85,90,95,100,105,112,119,127,135,142,154,165,180,230  
HIGH SCHOOL (GRADES 9-12) - 103,112,119,125,130,135,140,145,152,160,171,189,215,285  
OPEN DIV. - 125, 133, 141, 149, 157, 165, 174, 184, 197, 285  
GRADUATING HS WRESTLERS MAY WRESTLE IN HS OR OPEN DIV.  
8TH GRADERS MAY WRESTLE IN MIDDLE SCHOOL OR HS DIV.  
6TH GRADERS HAVE CHOICE OF ELEM. OR MS DIV.

**ENTRIES:** MAXIMUM OF 400 WRESTLERS  
\$ 25.00 - PRE-REGISTERED (IF POST MARKED BY APRIL 16th)  
\$ 30.00 - WALK-INS DAY OF TOURNAMENT

**RULES/FORMAT:** FOLKSTYLE. / DOUBLE ELEMINATION. NJSIAA RULES. HEADGEAR REQUIRED. SINGLET'S PREFERRED. CERTIFIED OFFICIALS...  
TOP 6 WRESTLERS WILL ADVANCE TO THE NHSCA NATIONAL OPEN IN HARRISBURGE, PA MAY 6-8  
SEE HEAD TABLE FOR INFORMATION

**SEEDING:** BRACKETS WILL BE MADE UP BASED ON CREDENTIALS LISTED

**BOUT LENGTH:** HS/OPEN 1.5 - 1.5 - 1.5 MIDDLE SCHOOL 1 - 1 - 1 ELEMENTARY 1 - 1 - 1

**AWARDS:** TOP 3 WILL RECEIVE MEDALS.

**CONCESSION:** FOOD WILL BE AVAILABLE ALL DAY

**MAIL TO:** CHECK PAYABLE TO: **PEQUANNOCK H.S. FRIENDS OF WRESTLING**  
C/O BOB DE GEORGE  
7 DOROTHY LANE  
POMPTON PLAINS, NJ 07444

**QUESTIONS:** BOB DE GEORGE: 973-216-3660 DAVE SECOR: 201-704-0240 JIM VAN DYKE: 973-886-5211 EMAIL: NASATOOL@VERIZON.NET

## ENTRY FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ WT CLASS: \_\_\_\_\_ DIV: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_

2011, 2012 RECORD: W \_\_\_\_\_ L \_\_\_\_\_ Varsity \_\_\_\_\_ J.V. \_\_\_\_\_

LIST ALL HONORS: (USE BACK IF NECESSARY)

I AGREE TO LET MY CHILD, \_\_\_\_\_, PARTICIPATE IN THE NHSCA QUALIFIER WRESTLING TOURNAMENT, AND DO SO AT MY CHILD'S OWN RISK. IN CASE OF INJURY, I WILL NOT HOLD LIABLE, IN ANY WAY, THE TOURNAMENT DIRECTORS, SPONSORS, OFFICIALS, PEQUANNOCK SCHOOL SYSTEM, OR THE TOWNSHIP OF PEQUANNOCK. I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT.

SIGANTURE OF WRESTLER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

