



1st Annual Canal Day Duals

Friday, June 29, 2012

Sunday, July 1, 2012



Location – Bohemia Manor High School, 2755 Augustine Herman Hwy, Chesapeake City, Md 21915

Eligibility – Accepting Middle School & High School Club Teams. (Maximum of 18 Wrestlers per Team) *Division based on wrestler's grade during the 2011-2012 School year.

High School, grades 8-12, 95, 100, 108, 115, 122, 128, 134, 140, 147, 154, 162, 172, 184, 197, 222, 287

Middle School, grades 6-8, 75, 80, 85, 90, 95, 100, 105, 110, 120, 130, 140, 160, 260

Registration & Contact:

Team Fee \$450 includes Clinic & Duals. (No Discounts)

*Registration of Team by email or phone

Individual Fee: \$30 includes Clinic & Duals, Individuals will be placed onto a team based on need

*Registration of Individual by email, phone or form below

Mail Fee and Individual Registration to:

Ben Metcalfe, Bohemia Manor High School, 2755 Augustine Herman Highway, Chesapeake City, Md 21915

*Make Checks Payable to Bohemia Manor Wrestling

E-Mail contact: bmetcalfe@ccps.org Calls to: 443-566-0519

All Teams must mail \$100 non-refundable deposit by June 1 to secure entry. (Include Ph & Email contact)

Include name of Head Coach, 1 Assistant Coach and Table Worker per team for free gate entry.

Rosters Must be submitted by Wednesday, June 27, 2012

To submit roster email Ben Metcalfe (bmetcalfe@ccps.org) and you will receive the link to submit rosters online.

Clinicians include Robbie Waller- Lock Haven University Head Coach, Scott Moore- LHU Assistant Coach, and/or Brad Pataky- LHU Assistant Coach

Schedule:

Friday:

Check-In/Weigh-In 7-8:30 am

Clinic Session One ~ 9:00 - 11:30 am

Clinic Session Two ~ 12:30 – 3:00 pm

Sunday:

Check-In/Weigh-In (for wrestlers not weighed in on Friday) - 7:00-8:00 am

Coaches Meeting – 8:30 am

Middle School Division Wrestling Starts at 9:00 am

High School Division Wrestling Starts Immediately Following the Conclusion of the Middle School Division

Format – Pools and Round Robin format, Each Team must provide a Table Worker for scorekeeping.

Team Awards- The top 3 teams will receive a plaque and individual medals.



Individual Registration



Wrestlers Name (Print Clearly): _____

Address: _____ City: _____ State: _____

Phone Number: _____ School/Club: _____

Previous Accomplishments: _____

Birth Date: / / Age: _____ Division: _____ Weight: _____

I, _____, my parents or legal guardian do hereby declare that, if I am accepted as a participant in this wrestling tournament, I enter at my own risk and of my own free will, and we the undersigned and as herein identified, will not in any way hold liable, Bohemia Manor High School, Cecil County Public Schools, Cecil County Parks and Rec, tournament officials, referees, coaches, for any and all injuries that I may receive, of any and all losses that I may incur, directly or indirectly, from training, for travel to or from, or participation in this aforementioned wrestling Tournament.

Wrestler's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____