

Midd West Mustangs



# Midd-West Elementary 5-Man Novice Round Robin

SATURDAY, JANUARY 39, 2009

Runnin' Wild!

**Location:** Middleburg Middle School, 10 Dock Hill Rd, Middleburg, PA 17842

**Pre-registration only! No Walk Ins.** 1<sup>st</sup> & 2<sup>nd</sup> year wrestlers **only**, please be honest."

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**(Late wrestlers will forfeit first match)**

**Age Divisions:**

- 1 ..... 6 & under
- 2 ..... 7 & 8
- 3 ..... 9 & 10
- 4 ..... 11&12 (no junior high experience)

**Experience Rating:**  
 1-Beginner  
 2-Improving  
 3-Advanced  
 Please be Honest!

**Awards:** Trophies to 1<sup>st</sup> – 5<sup>th</sup> place.

**Rules:** Each wrestler will wrestle the other 4 wrestlers in their respective pool. Folk style modified PIAA rules. Headgear and shoes required, singlets preferred. Every attempt will be made for each group to be comprised of 5 wrestlers of the same weight and rating. Be honest with weight and rating! Cnly tguvgtu"o wu'ej gentk'p'd{'": <22co #

**In the event of a tie in a bracket-the winner will be determined by the following criteria:**

- 1. Head to head
- 2. Most falls
- 3. Most Points

**Bouts:** 1-1-1, sudden death overtime with 30 second ride out if necessary.

**Entry:**

- 1. Entry Fee - \$15
- 2. Teams with 10 or more wrestlers \$12.
- 3. Contestants must have signed permission from parent and coach.
- 4. Make checks payable to: **MWWA**

Admission fee \$4 for Adults, \$2 for students

Refreshments: Light breakfast items, Pizza, Hotdogs, Barbeque for Lunch.

Send form and fee to: MIDD-WEST Wrestling Association  
PO BOX 224  
Middleburg, PA 17842

Tournament Contacts:  
Nicci Stauffer (570) 837-1313 Email: webmaster@midwestwrestling.com  
Duane Schmoeyer (570) 374-3649 schniloma@verizon.net

**\*\*\*Cut Here and Return with Payment\*\*\*Distribution encouraged\*\*\***

**Names are entered and printed on brackets based on your registration-Please print clearly!**

Please circle the age division, enter the true weight in pounds, circle an experience rating, and have a coach sign for verification of weight and rating.

Name: \_\_\_\_\_ Age Division: 1 2 3 4 True Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School District: \_\_\_\_\_

**Circle Experience Rating:** 1 2 3

Parent's Name (printed): \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Coach's Name (printed): \_\_\_\_\_ Coach's Signature: \_\_\_\_\_

**READ BEFORE SIGNING:** By signing this form I verify that all the information above is correct and complete. My signature also verifies that I hold harmless The Midd-West School District, Midd-West Wrestling Association, Officials, Officers, Volunteers, and any other interested individuals from liability due to a injury or loss suffered by me or my wrestlers either directly or indirectly as a result of attending this tournament. By signing I also signify that my son or daughter is medically fit to wrestle at this event and is covered by either a school or family health plan as of the date of this tournament.