

Sodus Rec. Youth Wrestling Tournament
Gene Mills Eastern Nationals Qualifer

Sunday, March 9, 2008

PRE-REGISTRATION ONLY

Limited to first 300 Entries

If 300 limit has not been met by deadline, we will accept phone registration

Friday, March 7 from 8:00 AM - 1:00 PM and Saturday, March 8 from 10:00 AM-6:00 PM.

WE DO URGE PRE-REGISTRATION!

All Wrestlers must register upon arrival.

4 MAN ROUND ROBIN Brackets as much as possible

Place: Sodus Intermediate School and Field House - Mill St., Sodus NY.

Registration: 7:00 AM - 8:30 AM - Wrestling to begin at 9 AM or ASAP

Cost: \$16.00 per wrestler

Admission: \$3.00 Adult
Under 12 free

Food Available All Day

Eligibility: Up to age 14 with NO VARSITY OR JV EXPERIENCE. Proof of age and weight if challenged. Both will be checked (wrestlers doing the challenging and the challenged). Age as of 1/1/08.

Rules: NY State High School rules, Certified NY State Ref's as much as possible. Periods will be 1, 1, 1 for everyone except 13/14, theirs will 1-1 ½, 1-1 ½, 1- 1 ½. With 1 minute sudden death overtime, for everyone, if needed.

Awards: 1 st - 4th. Team Trophies: 1st-3rd. 10 of your wrestlers that you pick before the brackets are up. **Top two (2) finishers in each class qualify for Eastern Nationals Tournament**

Divisions: 6 & under, 7/8, 9/10. 11/12 and 13/14.

TOURNAMENT DIRECTOR RESERVES THE RIGHT TO COMBINE WEIGHT CLASSES FOR BETTER WRESTLING.

Mail entries to: Pete Petersen 6616 Hill Road Sodus NY 14551 (315) 483-9826

Wrestlers name : _____ **Age as of 1-1-08** _____
PLEASE PRINT

Address: _____ **Town** _____ **State** _____

Phone # _____ **Team School** _____

Division: 5/6, 7/8, 9/10, 11/12, 13/14 **Weight:** _____

I am fully aware that wrestling is a contact sport and that there is risk of injury to the participants. Therefore, I accept full responsibility for any medical cost incurred if my child needs medical attention due to injuries sustained while participating in this event. I hereby accept the obligation to be responsible for my child and myself and to release the Sodus Recreation, Sodus Rec Youth Wrestling, Sodus Central School and their agents or representatives from any Liability to my child or me.

Parent or Guardian

Signature: _____ **Date:** _____

To whom it May Concern:

The Sodus Recreation Program holds its Annual Wrestling Tournament each year in March and we are in search of sponsors. This tournament draws youth wrestlers from all over New York State and Northern Pennsylvania.

A \$25 donation covers the cost of a set of trophies for 1st through 4th place for one weight class. With your donation your name or your company name will appear on our Wall of Sponsors. All donations are appreciated.

Sincerely,

Pete Petersen

Sodus Recreation Youth Wrestling Club
6616 Hill Road
Sodus, NY 14551
315-483-9826

Name/Comapny Name to be displayed on Sponsor Wall: _____

Number of Weight Classes: _____ Cash/Check \$: _____ Check #: _____

Signature of person who received the cash or check: _____

Sodus Tournament will be held on Sunday, March 9, 2008