

27th ANNUAL KITTATINNY SUMMER WRESTLING TOURNAMENT

Date: Saturday July 21, 2018 @ 9:30 am start time

Location: Kittatinny Regional High School, 77 Halsey Road Newton, NJ 07860

Entry Fee: \$20.00 Pre-Registered Post marked by 07/13/2018, \$25.00 Walk-Ins (Collected at Weigh-Ins)

Make Checks Payable to: S/F Wrestling Club

Pre-Registration can be mailed to the following address:

S/F Wrestling Club, 3 Anderson Hill Rd., Newton, NJ 07860

*****ANY RETURNED CHECK AFTER TOURNAMENT \$25.00 fee to be added*****

Any questions please call Michele Molfetto at 862-354-4009 or e-mail to tdc3@ptd.net

Local hotel information can be provided for wrestlers coming from long distances.

*****For long distant travelers, satellite weigh ins available, please contact Michelle Molfetto*****

Weigh-Ins: At Kittatinny Regional High School,

• Pre-Registered & Walk-Ins will be Friday July 20, 2018 from 3:00 to 5:00pm in the wrestling room. Entrance will be around the back of the high school.

• Pre-Registered Only on Saturday July 21, 2018 for weigh-Ins, which will be from 7:30 to 8:30am.

On Line Registration: www.eztourns.com (Pay \$20 at weigh ins)

Head Gear mandatory, singlets are optional, but must have shorts and tight fitting tee shirt to wrestle in.

Medals for 1st thru 3rd awarded for each division.

Tournament Director reserves the right to combine weights to make proper size brackets.

Schedule: Gym will open at 8:30am. Wrestling will begin at 9:30am on 5 mats, all divisions

3 in the main gym and 2 in the JR high gym.

FOOD AND DRINKS WILL BE AVAILBLE ALL DAY!!!!!!!

Admission: \$4.00 for adults, \$2.00 for children and seniors.

Division: THE MADISON SYSTEM WILL BE USED TO DETERMINE WEIGHT CLASSES

A = 6 & Under MATCHES WILL BE 1-1-1 FOR 6, 8, 10 & 12 & Under divisions

B = 7 & 8 1-1:30-1:30 FOR 14 & Under and HS DIVISION

C = 9 & 10 ROUND ROBIN Brackets may vary in size;

D = 11 & 12 each wrestler is guaranteed 3 matches.

E = 13 & 14 (AGE AS OF DAY OF TOURNAMENT,

F = HS DIVISION HS DIVISION FOR 2017/18 YEAR- NO Graduated Seniors)

Wrestlers Name _____ Home Phone _____ Cell _____

Age _____ DOB _____ Grade _____ Current WT _____

(CIRCLE ONE DIVISION) 6 & Under 7&8 9&10 11&12 13&14 High School

Street _____ City _____ State _____ Zip _____

Team, School or Club to be listed on brackets: _____

E-Mail Address: _____

I, the undersigned, hereby declare that I am accepted to participate in the Kittatinny Recreational Wrestling Tournament. I do so at my own risk and of my own free will, I will not, in any way, hold liable the sponsors, tournament officials, Hampton TWP, Kittatinny School District, or referees, for any injuries or loss that I might receive, directly or Indirectly, while traveling to or from or competing therein.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____