



26th Annual WVW Spartan Classic "Top 100 Tournament"

Date: Saturday, November 10th, 2018

Location: Wyoming Valley West High School Plymouth, PA 18651 (GPS Purpose only)

Entry Fee: \$25.00/wrestler. Team Rate 10 or more \$20/wrestler. Capped at 300 wrestlers.
NO REFUNDS !!!

Weigh-ins: Honor Weigh-ins.... Put Actual weight on the application!!

Divisions:

Morning Session, Check In: 7:30-8:30am Start Time: 9:00am

PeeWee (5-6), Bantam (7-8), Midget (9-10), Junior (11-12)

Afternoon Session, Check In: 11am-12pm Start Time @ Conclusion of Morning Session

Middle School (13-14) High School (15-18)

Wt Classes: Madison Bracketing. Each bracket will be made up of 5-6 wrestlers closest in Age, Weight, and Experience. Brackets may be combined to make for more competitive matches. Weight Challenges at Tournament Directors Discretion.

Registration, Format and Rules for the Tournament are as follows:

All wrestlers are welcome !!!

Periods will be run as follows:

*Elementary; 1-1-1, Overtime: 1 min sudden victory 30sec ride out.

*Middle School; 1-1:30-1:30, Overtime: 1 min sudden victory 30sec ride out.

*High School; 1:30-2-2, Overtime: 1 min sudden victory 30sec ride out.

Pre-registration Forms must be received by Friday November 7th, 2018 12pm, if mailing....NO EXCEPTIONS! On-Line registration can be done at

<http://www.pywrestling.com> this registration will be open until Friday, Nov 7th, 2018, Midnight

If you have any questions please direct them to the following email address:

Theheadchef26@gmail.com Or call JJ Vassello @ 570-550-4541, call after 4pm only.

Check In: 7:30-8:30am Start Time: 9:00am, Afternoon Session, Check In: 11am-12pm Start Time @ Conclusion of Morning Session

Awards: Trophy and Sweatshirt for 1st, Medals for 2nd, 3rd, and 4th

Admission: \$5.00 Adults and Coaches \$3.00 Students

Cafeteria: Opens at 7:30 a.m. for breakfast (OPEN ALL DAY)

NAME LAST: _____ NAME FIRST: _____

DIVISION: _____ ACTUAL WT: _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____ - _____ - _____ Cell

E-MAIL ADDRESS FOR FUTURE MAILINGS _____

DATE OF BIRTH ____ / ____ / ____ NAME OF SCHOOL OR TEAM _____

YEARS OF EXPERIENCE ____ Grade ____ Rating ____ Scale (1-5) 1=BEGINNER 5=ADVANCE

2017-18 Record/Accomplishments _____

AGE AS OF 11/10/2018 _____

I hereby give this boy/girl permission to wrestle in the 2018 Spartan Classic Wrestling Tournament and release all sponsoring bodies, their officers, tournament officials, committees and referees from all liability.

X _____ X _____

Parents Signature and Wrestlers Signature

Make checks payable to: Spartan Wrestling Club: Mail entry to: 210 Chester St Kingston Pa, 18704