

# Mount Olive Jr. Marauders Novice and Open Wrestling Tournament

This Tournament is being run by EZ Tourns

**Date:** Sunday, January 6, 2019  
**Place:** Mount Olive High School - 18 Corey Rd, Flanders NJ  
**Time:** **8:30 AM SHARP: Novice Division**  
**12:30 PM SHARP: Open Division**

**Weigh-ins:** NO Weigh In – Honor System. MUST BE WITHIN 1 lb. of provided weight if challenged  
**Max Entries:** Accepting up to 300 Novice Entries and 200 Open Division Entries  
**Awards:** All Novice wrestlers receive medals  
Open Division: 1<sup>st</sup> Place Trophies; 2<sup>nd</sup> & 3<sup>rd</sup> place finish Medals  
**Entry Fee:** **\$25 Pre-registration only. ONLINE REGISTRATION AT EZTOURNS.COM**  
**If Mailing: Must be received by Thursday, 1/03/19. NO WALK INS**

**NOTE: COACHES BRINGING TEAMS SHOULD CONTACT Sophia Orzillo DIRECTLY FOR SPECIAL FORM TO USE**

**Divisions:** **NOVICE Division:** 1st and 2nd year wrestlers of any age – Bracketed based on Age Grouping  
**OPEN Division:** Experienced Wrestlers – Bracketed based on Age Grouping  
NOTE: NO OPEN TOURNAMENT PLACEWINNERS PERMITTED IN NOVICE DIVISION

**Bantam:** 8 & under    **Novice:** 9 & 10    **Junior:** 11 & 12    **Intermediate:** 13 & 14 (NO HS ENTRIES)

Note: The MADISON system will be used to determine weight classes, one weight class per wrestler. We reserve the right to combine age groupings as needed. Age is as of date of tournament. Birth Certificate must be available if questioned.

**Bout Times:** **Novice, Bantam & Novice:** 1-1-1 / **Junior & Intermediate:** 1-1:30-1:30

**Food:** Cafeteria will be open all day. No food or drinks in the gym. Water only!

**For more information contact:**

**Sophia Orzillo:** [973-219-3834](tel:973-219-3834) - [mojrwrstling@yahoo.com](mailto:mojrwrstling@yahoo.com) or **John Bienus:** 908-300-2059- [mojrwrstling@yahoo.com](mailto:mojrwrstling@yahoo.com)

Make Checks payable to: Mount Olive Junior Wrestling

Mail to: MOJWA-Novice Tournament, PO Box 270, Flanders, NJ 07836.

Wrestler Name: \_\_\_\_\_

Wrestler Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Team/Town \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Contact Tel #: \_\_\_\_\_

**Circle ONE Division – If 1<sup>st</sup>/2<sup>nd</sup> Year Circle Yellow Group Division, if Experienced Circle Blue Group Division:**

|   |                   |               |               |                     |                     |
|---|-------------------|---------------|---------------|---------------------|---------------------|
| <b>NOVICE Division - 1<sup>st</sup>/2<sup>nd</sup> Yr. Wrestlers:</b> | <b>Tots (5/6)</b> | <b>Bantam</b> | <b>Novice</b> | <b>Junior</b>       | <b>Intermediate</b> |
| <b>OPEN Division:</b>   | <b>Bantam</b>     | <b>Novice</b> | <b>Junior</b> | <b>Intermediate</b> |                     |

I am the parent or legal guardian of the above noted wrestler and give permission for him/her to compete in the Mount Olive Jr. Wrestling Tournament. I hereby hold harmless Mount Olive Jr. Wrestling, Mount Olive High School, Sponsors, Officers, Coaches, Referees, and any other volunteer from any and all claims incurred as a result of this event.

Print Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_