

Mount Olive Jr. Marauders Novice and Open Wrestling Tournament

This Tournament is being run by EZ Tourns

Date: Sunday, January 9, 2022

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: 1st Place Trophies; 2nd & 3rd place finish Medals

Entry Fee: \$25 Pre-registration only. ONLINE REGISTRATION AT EZTOURNS.COM

If Mailing: Must be received by Thursday, 1/06/22. NO WALK INS

NOTE: COACHES BRINGING TEAMS SHOULD CONTACT Sophia Orzillo DIRECTLY FOR SPECIAL FORM TO USE AND TEAM RATES

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

NOVICE DIVISION: **6U:** 6 & under **8U:** 8 & under **10U:** 9 & 10 **12U:** 11 & 12 **14U:** 13 & 14

OPEN DIVISION: **8U:** 8 & under **10U:** 9 & 10 **12U:** 11 & 12 **14U:** 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: **8U, 10U and ALL Novice Wrestlers:** 1-1-1 / **12U & 14U:** 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 – mtolivejrwrestling@gmail.com or **Chris Rebels:** 973-713-6467- mtolivejrwrestling@gmail.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 1st/2nd Year Circle Novice (Yellow) Group Division, if Experienced Circle Open (Blue) Group

Division:

NOVICE Division - 1st/2nd Yr. Wrestlers: **6U** **8U** **10U** **12U** **14U**

OPEN Division: **8U** **10U** **12U** **14U**

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 _____