

Mount Olive Jr. Marauders Novice and Open Wrestling Tournament

This Tournament is being run by EZ Tours

Date: Sunday, January 8, 2023
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 T-shirts, 2nd & 3rd place finish Medals
Entry Fee: \$25 Pre-registration only. **ONLINE REGISTRATION AT** <https://events.flowrestling.org/event/4f148532-f040-48c6-8330-e5e57f3b23eb>

If Mailing: Must be received by Thursday, 1/05/23. 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 – mojrrestling@yahoo.com or **Chris Rebels:** 973-713-6467- mojrrestling@yahoo.com
Make Checks payable to: Mount Olive Junior Wrestling
Mail to: MOJWA-Novice Tournament, PO Box 270, Flanders, NJ 07836.

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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 _____