33rd ANNUAL KITTATINNY SUMMER WRESTLING TOURNAMENT

Date: Saturday July 20, 2024 @ 9:30 am start time

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

Entry Fee: \$25.00 Pre-Registered online or Post marked by 07/13/2024, \$30.00 Walk-Ins (Collected at Weigh-Ins) Make check out to HSWC Pre-Registration can be mailed to the following address:

HSWC, 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 <u>tdc3@ptd.net</u> Local hotel information can be provided for wrestlers coming from long distances.

Weigh-Ins: At Kittatinny Regional High School,

• Pre-Registered & Walk-Ins will be Friday July 19, 2024, 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 20, 2024 for weigh-Ins, which will be from 7:30 to 8:30am.

Schedule: Gym will open at 8:30am. Wrestling will begin at 9:30am on 5 mats, all divisions, 3 in main gym and 2 in aux gym.

On Line Registration: https://events.flowrestling.org/event/12f13281-d397-4663-b81f-479493760374

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.

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

Admission: \$5.00 for adults, \$3.00 for children and seniors.

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

| A = 6 & Under B = 7 & 8 C = 9 & 10 D = 11 & 12 E = 13 & 14 F = HS DIVISION | MATCHES WILL BE 1-1-1 FOR 6,8,10 & 12 & Under divisions 1-1:30-1:30 FOR 14 & Under and HS DIVISION ROUND ROBIN Brackets may vary in size; each wrestler is guaranteed 2 matches (3 is the goal). (AGE AS OF DAY OF TOURNAMENT, HS DIVISION FOR 2023-24 YEAR- NO Graduated Seniors) | | | |
|---|---|-------------|------------|-----------|
| Wrestlers Name | | Home F | hone | _Cell |
| Age DOB_ | Grade | _Current WT | _ Division | |
| Street | | City | | _StateZip |
| 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: