

Geno Mazza Youth Wrestling Tournament

DATE: December 11, 2010

LOCATION: North East High School

TIMES: Coaches Meeting at 8:45am, **Staggered Start:** 6 and under, 7&8 and 11&12 will begin at 9:00
Coaches Meeting at 1:00p.m. 9&10 and 13&14 will begin at 1:15

ELIGIBILITY: Age as of December 11, 2010 (Birth Certificates must be shown if challenged)

ENTRY FEE: **Pre-registration by mail only: \$18 - NO WALK-INS**
Entries and payment both must be received by Monday, December 6, 2010
NO TELEPHONE ENTRIES - NO WEIGHT CHANGES - NO DOUBLE ENTRIES UNLESS IN BOTH SESSIONS
Limited to the first 350 wrestlers

SPECTATOR FEE: Adults \$3.00, Students \$1.00 - (brackets .50)
Cafeteria will be available.

RULES: Silent Bout, Modified PIAA rules, Double Elimination, sudden death overtime, less than three wrestlers weight class may be combined. **HEAD GEAR IS MANDATORY. TWO COACHES PER MAT.** No parents on the mat!
10 and under 1-1-1 11&12, 13&14 2-1-1

AWARDS: 1st - 4th places -
Team Trophies - 1 - 4. Team list is 10 wrestlers and must be turned in before wrestling starts..

WEIGH-INS: Scales will be open Saturday, December 11th from 7am-8:30am.
Skin checks - PIAA communicable skin disease form required
9&10 and 13 & 14 age groups may weigh-in FROM 11:00am - 12:30 pm the day of tournament.
NO WEIGHT ALLOWANCE - NO WEIGHT CHANGES- wrestlers not making weight will be scratched

AGE GROUPS/WEIGHT CLASSES

6 & Under:	40, 45, 50, 55, 60, 85
7 & 8:	45, 50, 55, 60, 65, 70, 80, 110
9 & 10:	55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 120, 150
11 & 12:	65, 70, 75, 80, 85, 90, 95, 100, 105, 115, 125, 135, 145, 160, 200
13 & 14:	77, 82, 87, 92, 97, 102, 107, 112, 117, 124, 132, 140, 147, 157, 167, 187, 212, HWT

REGISTRATION: All registrations must be received by **Monday , December 6 2010 - NO EXCEPTIONS**

MAIL TO: North East Little Wrestlers
PO BOX 493
North East Pa 16428

INFORMATION: For questions please contact : Frank Artise (814) 490-9099 Dave Scotch (814) 602-9642
(814) 725-4748

Entry Form: Make Checks payable to: North East Little Wrestlers \$50 fee for all returned checks

Name: _____ **Club/School:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Weight Class:** _____ **Age Group:** _____ **Age (as of 12/11/2010)** _____

* I waive any and all claims to damages against the North East High School, North East Little Wrestlers , and anyone involved with North East wrestling. I further certify that the birth date for the wrestler is true and correct.

Wrestlers Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____