

**SELINGROVE WRESTLING ASSOCIATION
NEWSLETTER
November 2016**

- **ASSOCIATION MEMBERSHIP:** The membership fee for the 2016-2017 wrestling season is \$15.00. To become a member, send a check (payable to Selingsgrove Wrestling Association) for \$15 to the below address along with the below filled out form. The association uses money raised from the following tournaments and concessions to buy uniforms, pay for hotel and meal costs for the junior high and varsity teams, reimburses members for tournament and camp fees, pays for the entire elementary program (as the elementary program is NOT funded by the school district), provides a banquet at the end of the season for Jr. High and Varsity and a skating party for elementary and much more. Becoming a member and participating at these events is very important for the entire Selingsgrove wrestling program to be successful. For last years qualified members, please forward your cancelled checks/receipts to Cindy Zechman before December 1, 2016. Reimbursements will be made by January 15, 2017. To be qualified for reimbursement in 2017, you must become a member by December 31, 2016.
- **JUNIOR HIGH TOURNAMENT:** Saturday, December 10, 2016
- **MYRTLE RAY TOURNAMENT:** The Myrtle Ray tournament is open to all elementary wrestlers and will be held on Saturday, January 7, 2017 in the high school gym.
- **JR. HIGH AND VARSITY MATCH CONCESSIONS:** 12/14, 12/22, 1/10, 1/19, 1/23, 2/7
- **ELEMENTARY MATCH CONCESSIONS AND TABLE HELP:** 12/11, 1/22, 1/29, 2/12
- **PJW QUALIFIER TOURNAMENT:** 2/26/2017

LOTS OF HELP IS NEEDED FROM ALL LEVELS OF WRESTLING TO MAKE THESE EVENTS SUCCESSFUL! If you can help or have any questions, please call Seth Martin 884-3085 (varsity coach), Jerry Bastian 372-1976 (elementary coach) or Cindy Zechman at 374-5659.

Please send your check for \$15.00 along with the completed form below to:

Selingsgrove Wrestling Association, P.O. Box 233, Hummels Wharf, PA 17831

Name: _____ Home Phone _____

Address: _____ Cell Phone _____

_____ Email address _____

Child's name: _____ Team _____

If you are interested in helping with these events but not interested in becoming a member, please check below:

Concessions _____ Food donation _____ Table help _____ Ticket taking _____

Coach/parent helper _____ Team parent _____

2016-2017 SWA Membership \$15.00 Pd by check # _____ cash _____