

SELINGROVE 5 MAN ROUND ROBIN TOURNAMENT

31ST ANNUAL MYRTLE RAY

MEMORIAL WRESTLING TOURNAMENT

AT SELINGROVE HIGH SCHOOL ON SATURDAY, JANUARY 7, 2017

DATE: Saturday, January 7, 2017

APPLICATION DEADLINE: 1/2/2017– Pre-registration only! **NO WALK-INS**

PLACE: Selingsgrove High School, 500 N. Broad Street, Selingsgrove, PA 17870

STAGGERED START TIMES: 9AM - Cadet and Bantam
12:30PM - Midget and Junior

RULES: Age as of 1/07/17. Proof of age/weight may be required if challenged. If challenged, copy of birth certificate is required day of tournament and/or wrestler must be within 2 pounds. Wrestlers may compete in only one division/weight class. Modified PIAA; PIAA officials. Bout length: 1-1-1. Wrestling will be conducted on 4 mats.

Tie breaker criteria: 1. Head to head; 2. Most falls; 3. Point differential.

Each bracket will be made up of 5 wrestlers (if possible) whose weights are closest with consideration given to experience and ability that is received on the tournament application. Every effort will be made to give each wrestler 4 matches. Maximum of 350 wrestlers!

DIVISIONS: Cadet (6 & under)
Bantam (7 & 8 yrs old)
Midget (9 & 10 yrs old)
Junior (11 & 12 yrs old) – No Jr. High experience

AWARDS: Cadet, Bantam and Midget: Trophies for 1st & 2nd; Medals for 3rd, 4th & 5th
Junior: Medals for 1st-5th place

ENTRY FEE: \$20.00–**must be received by 1/2/2017** (No refunds)

ONLINE ENTRIES AVAILABLE THROUGH PYWRESTLING.COM

Make checks payable to: Selingsgrove Wrestling Association
P.O. Box 233, Hummels Wharf, PA 17831

TOURNAMENT DIRECTOR: Joe Maurer (570) 743-0075 or (570) 220-7475 **NO EMAIL ENTRIES**

ADMISSION: Adults - \$3.00; School age children - \$1.00; Pre-school – Free

CONCESSIONS: Food will be available in the cafeteria throughout the day. Light breakfast.

*****PLEASE PRINT*****MAKE COPIES AS NEEDED***

In consideration of this entry being accepted, I hereby for myself and my wrestler, waive and release any and all rights and claims for damage we may have against the Selingsgrove Area School District and the Selingsgrove Wrestling Association, its agents, representation or successors and assigns for all and any injuries suffered by me or my wrestler directly or indirectly as a result of this tournament.

NAME _____ **DIVISION** _____ **ACTUAL WT** _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

AGE _____ **DOB** _____ **GRADE** _____ **HOME PHONE** _____ **CELL PHONE** _____

YRS EXPERIENCE _____ **SCHOOL** _____ **2015-2016 RECORD** _____

RECORD/PAST HONORS _____

ABILITY RATING: 1 2 3 4 5 (1- LEAST EXPERIENCE–5 MOST EXPERIENCE)

PARENT/COACH SIGNATURE _____