

## Smyrna Líttle Wrestlers Tournament

## **Double Elimination & Ohio Tournament of Champions Qualifier**

**Date:** Saturday, December 7<sup>th</sup>, 2024

Location: Smyrna High School 500 Duck Creek Pkwy Smyrna, DE 19977 \*Park & enter in the rear of the school

All Questions: Jody Wilson, jwilson7283@comcast.net 302-242-8027

Weigh-ins: Saturday, December 7th 7:00 am - 8:30am ~ Wrestling will begin promptly at 9:30 a.m. on 5+ mats \$30.00 - Mail-in registrations must be received NO LATER than Wednesday, December 4th

\$32.00 - Online Registrations www.SmyrnaWrestling.com or

http://www.trackwrestling.com/registration/TW Register.jsp?tournamentGroupId=251351132

Call-in weight changes \$5.00 ~ No changes after Thursday December 5<sup>th</sup> @ 6:00 p.m.

## Entries will be accepted until Friday Dec 6th at 12 PM EST - ABSOLUTELY NO WALK-INS\*

1. National Federation rules will govern tournament

- 2. All periods will be 1 1 1.
- 3. Headgear and singlet recommended, not required
- 4. Proof of age must be available, if challenged
- 5. Director has the right to combine weight classes with less than 3 wrestlers
- 6. Division ages are as of Saturday December 7th, 2024.
- 7. Wrestlers may compete in more than one division / separate entry form required (Must be ready to wrestle when called upon)

## DIVISIONS AND WEIGHT CLASSES \*\*\* Double Elimination \*\*\*

Tot (Ages 6 & Under) 40 45 50 55 60 65 HWT Bantam (Ages 7 - 8) 45 50 55 60 65 70 75 HWT

Midget (Ages 9 - 10) 50 55 60 65 70 75 80 85 90 100 HWT Junior (Ages 11 - 12) 70 75 80 85 91 98 105 115 125 140 HWT

77 84 91 98 105 112 119 126 133 140 148 158 170 HWT Intermediate (Ages 13 - 14)

Madison System

**Awards:** Trophies awarded to top 3 finishers in each weight class

**Admission:** \$5.00 – Per Spectator / Children 10 & Under are free \*\* Breakfast, Lunch & Refreshments Available \*\*

Make checks payable: Team Smyrna Wrestling Club

Mail fee & registration to: Jody Wilson

Parent Signature

396 N School Lane

Visit our website: www.SmyrnaWrestling.com Ouestions? iwilson7283@comcast.net

DETACH & RETURN TI	HIS PORTION	_*PLEASE PRINT*		
		DIVISION	WEIGHT CLASS	
Name		Age	Birthdate	Grade
Address		City	State_	Zip
Phone #	Team		2023 – 2024 Record: WL_	
Honors				
officers, and tournament of	ceptance of my entry, I hereby rele ficials from all liabilities, claims, on and participating in the 2024 Smyr	or rights to damage for injurie	es suffered by my child direc	

Wrestler's Signature

Date