



30th ANNUAL! BURNT HILLS JUNIOR SPARTAN YOUTH WRESTLING TOURNAMENT



**“QUALIFIER” FOR THE OHIO TOURNAMENT OF CHAMPIONS 2010”
“QUALIFIER” FOR THE GENE MILLS AAU EASTERN NATIONAL”**

Date/Place: Saturday, March 20th 2010 at the Burnt Hills High School, 88 Lakehill Rd. Burnt Hills NY. 12027

Entry Fee: \$20.00 for each division entered, Make checks payable to: BH-BL Wrestling Boosters
NO PRE-REGISTRATION / RETURNED CHECKS WILL INCUR A \$25 CHARGE!!

Awards: Trophies 1st –4th Place

Weigh-ins: 19 March 6:30-7:30 P.M. or 20 March 7:00-8:30 A.M. Skin check at weigh-ins

Format: Double elimination, 5 to 8 wrestler brackets, RR for 2 to 4 wrestler brackets. Blind draw seeding
Wrestling will start as soon as specific Division Brackets are established
Three one minute periods (1-1-1). Overtime Criteria: First Point Scored
Certified NYS Referees for Division II, III, IV and V if available
Singlet or Gym Shorts & T shirt, Sneakers or Wrestling shoes, Headgear recommended
****Wrestlers from the same school or club will be separated when possible****
****Each bracket will be assigned to a single mat when possible****

Division / Age: Age as of 20 March 2010 NO VARSITY PERMITTED
Division I (Ages 5 & 6) Division IV (Ages 11 & 12)
Division II (Ages 7 & 8) Division V (Ages 13 & 14)
Division III (Ages 9 & 10)

Weight Class & Groupings: Weight difference not to exceed 12% without coach or parental approval
The Tournament Director reserves the right to eliminate/combine weight groups

Admission: \$2.00 Adults, \$1.00 for Students, Under 5 Free

Refreshments: Breakfast, Lunch, and snacks available all day

Contact Info: Providing your e-mail helps us provide results and return future notifications of tournament dates.

Registration Information, PLEASE PRINT CLEARLY (DO NOT CUT THIS FORM)

NAME: _____ DATE OF BIRTH: ____/____/____ age
(Print) (Proof of age must be presented if contested)

ADDRESS: _____ TELE/E-MAIL: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

SCHOOL /WRESTLING CLUB: _____ WEIGHT _____

WRESTLER'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

AAU card # _____

USA card # _____

Membership is not required to wrestle
in this Tournament

Circle the Division you wish to wrestle: **I** **II** **III** **IV** **V**

The Burnt Hills-Ballston Lake Central School District, its coaches, and/or affiliates are not responsible for injuries incurred during participation. Wrestling is a physical contact sport involving a degree of risk; parents acknowledge and accept that risk by allowing their child to participate. Questions: Contact Michael or Nigar Hale (518) 399-4846 Email mhale1@nycap.rr.com or Steve Jones (518) 399-9109

For Official use only

ACTUAL WEIGHT _____ DRAW # _____ DIVISION _____ GROUP _____