



Bloody Run Brawl



Presented by the Everett Wrestling Program

DATE: Saturday, December 20, 2014

PLACE: Everett Area High School

North River Lane, Everett, PA 15537

- ENTRY FEE:** \$20.00. All entries must be received by Thursday, December 18, 2014. **NO REFUNDS!**
 \$25.00 Walk-ins on Saturday, December 20, 2014 until 8:00am. **NO REFUNDS!**
 \$22.00 Online Registration at www.boutmastersllc.com
NO PHONE-IN ENTRIES!
 Wrestlers may compete in more than one division but must pay 2 entry fees - No Guaranteed Rest!
STRICT 300 Wrestler Limit! If walking in, please call to make sure tournament is NOT full.
- MAIL \$20.00 TO:** **Payable To:** Everett Wrestling Boosters, Karen Foor, 831 West Street, Everett, PA 15537
- ELIGIBILITY:** Age as of the day of tournament (proof of age may be required).
- WEIGH-INS:** Friday, December 19, 2014 - All divisions 6:00PM-8:00PM.
 Saturday, December 20, 2014 - All divisions 6:30AM-8:00AM.
- STARTING TIME:** 9:30AM - All divisions.
- RULES:** Modified PIAA Rules (head gear and singlets recommended but optional for all divisions).
 DOUBLE ELIMINATION. Non-seeded tournament. Every effort will be made to separate wrestlers from same school/club.
- MATCH LENGTH:** 1-1-1, Overtime will be Sudden Death.
- AWARDS:** 1st Place - Duffle Bags, 2nd and 3rd Places - Medals.
- ADMISSION:** Adults - \$4.00, Students - \$2.00, Under 5 FREE.
 Two coaches from each school will be admitted free but must sign in.
- CONTACT INFO:** Rob Ripple, 814-977-1883
- DIVISIONS:**
6 & Under: 38, 43, 48, 55, 60, 65, 70, 80, HWT (105 Max)
7 & 8: 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 100, HWT (120 Max)
9 & 10: 55, 60, 65, 70, 75, 80, 85, 90, 100, 110, 120, HWT (150 Max)
11 & 12: 70, 75, 80, 85, 90, 95, 100, 105, 110, 115, 120, 130, HWT (175 Max)
- CONCESSIONS:** Served all day beginning at 7:00AM.
- ** Tournament Directors reserve the right to combine weight classes of two or less.**
**** Three in a weight class will wrestle a round robin.**
**** All decisions made by Officials and Tournament Directors are FINAL.**

Name: _____ Div: _____ Weight Class: _____

Address: _____

State: _____ Zip: _____ Email: _____

Age: _____ Birthdate: _____ School/Club: _____ Grade: _____

I give permission for my child to participate in this wrestling tournament and release the Everett Wrestling Boosters and the Everett School District, as well as their representatives, agents, successors, assigns and referees from any liability from injuries, losses, or other damage suffered by our child while participating in this tournament or while traveling to or from the event.

Signature of Parent/Guardian: _____ Date: _____

Mail applications to: Everett Wrestling Boosters, c/o Karen Foor, 831 West Street, Everett, PA 15537