

**HALIFAX HOLIDAY NOVICE/OPEN  
ROUND ROBIN WRESTLING TOURNAMENT**

**PLACE:** Halifax Jr. /Sr. High School, 3940 Peters Mountain Road, Halifax, PA 17032

**DATE & TIME:** Saturday, December 20, 2014.

Novice wrestlers (under 2 years experience) start at **8:30 a.m.**

Open wrestlers (more than 2 years experience) start at **1:00 p.m.**

**DIVISIONS:** I – 2nd grade and under, II – 3rd and 4th grade, III – 5th and 6th grade

**WEIGHT CLASSES:** 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. Each wrestler will wrestle the other wrestlers in his bracket. Each effort will be made to give each contestant 4 matches. Each wrestler must have their coach verify their weight and sign their registration form prior to mailing the form. Coaches must also verify the grade and experience of the wrestler.

**RULES:** PIAA Modified; PIAA Officials. Wrestler may compete in only one Division/Weight Class; there may be up to six mats used. Bring your own lock to secure valuables.

**LENGTHS OF BOUTS:** 1-1-1 overtime 1:00,:30 sec. ride out

**ENTRY FEE:** \$18.00/wrestler, teams with more than 10, \$15.00/wrestler. Money must be received by 12/13/14. Limited to first 250 wrestlers.

Checks payable to: Halifax Mat Cats. Pre-Registration Only – NO WALK-INS

**Awards:** Trophy for first place. Medals for second and third place.

**ADMISSION:** Adults - \$5.00 Students - \$2.00 (Children under 6 years –free)

**FOOD:** The cafeteria will be open throughout the day. No food or drinks allowed in the gym. Smoking is not permitted on school property.

**MAIL ENTRY FEE AND FORM:** To Gregg Billow @ 3530 Peters Mountain Rd., Halifax, PA 17032.

Questions, contact Mike Carol @ 717-712-6593 or e-mail Dan Hook at djh272@hotmail.com

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I give this child permission to wrestle in the Halifax Tournament and release all sponsoring bodies, their officials, tournament officials, Halifax Area School District, committees, and referees from any and all liabilities, claims or right to damages for injuries suffered by directly or indirectly in training for, traveling to or from and participation in the Halifax Tournament.

Name of Wrestler: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ School/Club: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

NOVICE OR ADVANCED (please circle one)

Division (please circle one) I-2nd grade and under II-3rd & 4th grade III-5th & 6th grade

Wrestler Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Coaches will verify the wrestler's grade, circle appropriate rating and enter wrestler's true weight. Every effort will be made to match wrestlers of equal weight and experience/ability. Coaches are asked to give accurate ratings so that each bracket is as even as possible.

Rating scale will be: 1=for first year wrestlers up to 5=more advanced wrestlers that win most of their matches.

1 2 3 4 5 (Coach please circle one) Coach's Signature \_\_\_\_\_

Coach enter true weight (to closet ½ pound) of Wrestler \_\_\_\_\_ Date \_\_\_\_\_