

HERSHEY WRESTLING
Clinic Featuring NCAA Champion
Cornell Wrestling's Steve Bosak

TROJAN YOUTH WRESTLING
FALL ROUND ROBIN

Saturday October 17, 2015 9:00AM – 12:00PM	Date	Sunday October 18, 2015	
All Wrestlers welcome	Start Time	Registration: 7:30AM-8:30AM Start: 9:30AM (Novice*)	Registration: 11AM-12PM Start: 12:30PM
Note - Hershey Park In The Dark begins on this day. Halloween fun for the entire family ALL WEEKEND!	Divisions	PEN - Primary Novice (Grades K-3) IEN - Intermediate Novice* (Grades 4-6)	PEO – Primary Open (Grades K-3) IEO - Intermediate Open (Grades 4-6) JH – Junior High (Grades 7-9) HS – High School (Grades 10-12)

**Novice wrestlers are those with less than 2 years of experience.*

Location: Hershey High School: 550 Homestead Road, Hershey PA, 17033

Weigh-Ins: Honor System (no weigh-ins) Scales will be available for challenges

Rules: PIAA MODIFIED: Elem Bouts: 1*1*1. JH and HS Bouts 2*1*1. Sudden Victory OT. We reserve the right to combine divisions. Madison Weight system will be used. 4 man brackets, all wrestlers should get three matches.

Awards: T-Shirts for all wrestlers

Entry Fee: Clinic Only: \$15

Clinic and Tournament (pre-registration only; By 10/15/2015): \$30

Tournament Only: *No walk-ins*Pre-registration only* No refunds after 10/10/2015.

Early registration post-marked by 09/25/2015 is \$20. Late Registration is \$25.

On-line Registration is \$22.

All registrations close 10/15/2015 or when tournaments are filled.

Do not mail late registrations after 10/15/2015.

Please make checks payable to:

Trojan Youth Wrestling

Mail registration forms and payment to:

Trojan Youth Wrestling c/o Sarah Banning
 812 Twin Oaks Dr, Hummelstown, PA 17036

For additional information contact:

Sarah Banning, Phone: 717-571-7022

Email: iankell@comcast.net

Admission: Adults \$5.00, Students \$3.00

Food and Beverages will be sold.

2015 Hershey Wrestling Clinic and TYW Fall Round Robin Registration Form

Wrestler: _____ **Weight:** _____

Please Circle/Highlight Division (If participating in Clinic AND Tournament, circle both divisions below)

Saturday October 17, 2015 Clinic HS – High School (Grades 10-12) JH – Junior High (Grades 7-9) Y – Youth (Grades K-6)	Sunday October 18, 2015 9AM Start PEN - Primary Novice (Grades K-3) IEN - Intermediate Novice (Grades 4-6)	Sunday October 18, 2015 Noon Start PEO - Primary Open (Grades K-3) IEO - Intermediate Open (Grades 4-6) JH – Junior High (Grades 7-9) HS – High School (Grades 10-12)
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Team/School: _____ **Grade:** _____ **DOB:** _____

Address: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Shirt Size:** YS YM YL AS AM AL AXL A2XL

Email: _____

2014/15 Record: _____ **Ability:(Circle one) Beginner(1) Average(2) Good(3) Excellent(4) State/Nat Qual(5)**

In consideration for the acceptance of my wrestler's registration, I hereby intend to be legally bound for myself, heirs, executors and administrators to waive and release any and all rights and claims for damage I may have against the Derry Township School District, Hershey Wrestling, Trojan Youth Wrestling, agents, representatives and assigns for any and all injuries suffered by my wrestler at the 2015 Hershey Wrestling Clinic and/or Trojan Youth Wrestling Fall Round Robin.

Parent/Guardian Signature: _____ **Date:** _____

Full payment & registration must be received by Thursday, October 15, 2015.