2015 Roxbury Rumble Wrestling Tournament

** OHIO TOURNAMENT OF CHAMPIONS OUALIFIER**

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Date:	Sunday, December 6, 2015								
Location:	Roxbury High School, 1 Bryant Drive, Succasunna, NJ 07876								
Start Time:	9:00AM NOVICE DIVISION – Check in NO LATER THAN 8:00 AM 12:30PM: OPEN DIVISIONS – Bantam, Midget, Junior Intermediate – Check in NO LATER THAN 11:30 AM								
Weigh-In:	HONOR weights for bracketing. Scale will be available at tournaments for checks and challenges. Any wrestler who weighs MORE THAN TWO (2.0) lbs ABOVE THEIR REGISTERED WEIGHT will be disqualified from the tournament with NO REFUND. Wrestlers can register a weight change until 9:AM Saturday, December 5, 2015. Each weight change registered will be charged a \$5.00 CASH ONLY fee at the door.								
Divisions:	DivisionAgeNovice1st and 2nd yearBantamAge 8 & underMidgetAge 10 & underJuniorAge 12 & underIntermediateAge 14 & under	er r	*Novice division wrestlers will be group *Age determined as of 12/6/2015 *Birth certificate must be available if re *Wrestler may enter only one division *Madison weights based on weigh-in * NO FRESHMAN OR HIGH SCHO			equested.			
Format:	Novice Division – two matches guaranteed using four man brackets – Open Divisions – full wrestleback to 3 rd place.								
Bout Time:	1-1-1 Novice, Bantam, Midget ~ 1-1-1 Junior, Intermediate								
Rules:	NJSIAA Scholastic wrestling rules, headgear and wrestling shoes MANDATORY. No sweats.								
Awards:	Novice Division: 1 st ,2 nd ,3 rd place & participation medals. Open Division: 1 st ,2 nd , 3 rd place TROPHIES								
Concession:	Food & wrestling equipment will be on sale throughout the day								
Admission:	Adults: \$5.00; Children \$2.00								
Information:	ONLINE, 2.00 nonrefundable fee a tournament closes at maximum en Roxbury Junior Wrestling (one ch Succasunna, NJ 07876. Difficultie Contact Paul Rallo 973 557 3447 o	tries. Team D eck if paying s with registe	Discount with 10 by team). Tean ring email info@	or more wrestl n pay ONLY M boutmastersll	ers MUST contact Paul ail to: Roxbury Junior ' c.com with name, email	Rallo to con Wrestling, c	nfirm. Checks p /o Paul Rallo, 2	ayable to:	
Select Form	Registration								
LAST Name			Suffix FIRST Name			Birthdate			
		7							
Team		Age	Grade	D	ivision	Exper	ience	Weight	
2015 -2015 Re	ecord 2015State Place		2015 Qualifier	Place	2015Highest Place		Tournament	t	
E-mail		Phone			Enter phone numbers in format 123-456-7890				
Address			City			State	Zip Code)	
	t or legal guardian, to allow the above e Roxbury High School and Roxbury								
Liability Waiver	rer				Novice Eligibility				
I have read a	nd agree with the above liability waiv	er statement.		☐ I certify	that my child is in comp	liance with t	he novice eligibil	ity requirements	