Washington Township Junior Wrestling JIMMIE FISLER MEMORIAL TOURNAMENT Saturday, February 4, 2017

4 Foot Trophies for 1st Place

Ohio Tournament of Champions Qualifier
450 Wrestler Max

Location: Washington Twp High School

529 Hurfville-Cross Keys Road Sewell NJ, 08080

Weigh-ins: Thursday February 2, 2017 6pm-9pm

WT CAC Building 573 Hurfville-Cross Keys Rd. (Next to High School)

Saturday, February 4, 2017 (Pre-Register only)

Washington Twp HS 529 Hurfville-Cross Keys Road Sewell NJ, 08080

Tot-Bantam Novice-Bantam 6am-8am; Midget-Junior-Intermediate 10am-12pm

Start Times: Tot- Bantam and Novice-Bantam 9am / Midget-Junior-Intermediate 1pm

Bout Length: Tot-Bantam Novice-Bantam-Midget: 1-1-1 Junior-Intermediates: 1-1½-1½

Registration: On-Line Registration Only Registration Link:

\$25.00 per wrestler paid in advance

\$30.00 per wrestler pay at the door (must register on-line)

Call for Team Pay and Satellite Weigh-ins

Rules: NJSIAA rules apply Singlet & Head Gear mandatory

Participants may enter only 1 division

Weight Class may be combined at Directors discretion

Birth Certificates must be available from both parties if challenged

Awards: First, Second, Third place trophies – all TOTs receive participation trophy

Contact: Name Phone # (email):

DIVISIONS/WEIGHT CLASSES No High School Wrestlers

DIVISION	Year of birth	Weight Classes
TOTS	up to 2010	36 - 40 - 44 - 48 - 52 - 56 - 60 - 65 - 70 - HWT
Bantam Nov	2008-2009	40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - HWT
Bantam	2008-2009	40 - 45 - 50 - 55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 95 - HWT
Midget	2006-2007	55 - 60 - 65 - 70 - 75 - 80 - 85 - 90 - 96 - 102 - 108 - 115 - HWT
Junior	2004-2005	65 - 70 - 75 - 80 - 85 - 90 - 96 - 102 - 108 - 115 - 125 - 140-HWT
Inter.	2002-2003	75 - 80 - 85 - 90 - 96 - 102 - 110-118-126-134 -142 -150-160- HWT

Washington Township Junior Wrestling

JIMMIE FISLER MEMORIAL TOURNAMENT

SATURDAY, February 4, 2017

REGISTRATION FORM

BOTH Town & Club affiliation MUST be noted to avoid wrestling teammates in first round when possible

Changes **WILL NOT** be made day of tournament / Seeding will be based upon submitted record

Please send completed registration & fee to WTJW @ PO Box 8096 Turnersville, NJ 08012

PLEASE PRINT LEGIBLY!

	'	ELMOET MINT LEGIBET.	
NAME:	TE	AM AFFILIATION:	
DOB:	DIVISION:	WEIGHT CLASS:	
ADDRESS:			
TOWN:	STATE/ZIP:	PHONE:	
2016-17 RECORE	D/ACHIEVEMENTS:		
or damage while Washington Twp	e at said tournament or in transit to or fo D Junior Wrestling Club, Tournament Dir narkings, he/she may not be allowed to	rom said tournament against the Wrectors, Coaches and Referees. I als	
Parent signature	e:	Date:	
ordinance will be	pants and attendees are subject to Town e available from tournament director fo vents within Washington Township.	· · · · · · · · · · · · · · · · · · ·	ng a code of conduct. A copy of this tions or concerns. This ordinance will be

(WEIGHT MASTER: ACTUAL WEIGHT = _____)