



Bloody Run Brawl



Presented by the Everett Wrestling Program

DATE: Saturday, December 23, 2017

PLACE: Everett Area High School

North River Lane, Everett, PA 15537

ENTRY FEE: \$20.00. All **MAIL-IN** entries must be received by Thursday, December 21, 2017. **NO REFUNDS!**
\$25.00 Walk-ins on Friday during weigh-ins and Saturday, December 23rd until 7:30AM. **NO REFUNDS!**
\$22.00 Online Registration at **pywrestling.com**. Deadline: December 22nd at 6:00PM.
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 mail to Heather Cornell, 131 West Main Street, Everett, PA 15537

ELIGIBILITY: Age as of the day of tournament (proof of age may be required).

WEIGH-INS: Friday, December 22, 2017 - All divisions 6:00PM-8:00PM. Walk-ins permitted during this time.
Saturday, December 23, 2017 - All divisions 6:30AM-8:00AM. Walk-ins til 7:30AM

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: **Awards** will be given out to the top 3 place winners.

ADMISSION: **Adults** - \$4.00, **Students** - \$2.00, **Under 5** - FREE.
Two coaches from each **SCHOOL/not club** will be admitted free but must sign in.

CONTACT INFO: Rob Ripple, 814-977-1883
Tournament updates and information will be posted on our EVERETT WARRIOR facebook page.

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 Heather Cornell, 131 West Main Street, Everett, PA 15537