

Galion, OH - Sunday November 16th, 2014 **Sponsored by Galion Wrestling & OH-WAY**

1st annual GALION fall kickoff open

Location: Galion High School
472 Portland Way North, Galion, OH 44833
Date: Sunday November 16th, 2014
Weigh-ins: Saturday - November 15, 2014 7:00-8:00 pm
Sunday - November 16, 2014 8:00-10:00 am
Start Time: Gates Open at 8:00 am / Wrestling Starts at 11:00 am
Entry Fee: **\$20 Entry Fee.**

Includes a FREE 2014-15 OH-WAY Membership for Ohio Residents!

Dan Reyes, Tournament Director: Cell: (419) 689-5355



<u>Division</u>	<u>Age Group [Age day of event]</u>	<u>Weight Classes</u>
D1	[05-06 YEARS OLD]	NONE
D2	[07-08 YEAR OLDS]	45-50-55-60-65-70-75-85-HWT
D3	[09-10 YEAR OLDS]	55-60-65-70-75-80-86-93-100-115-HWT
D4	[11-12 YEAR OLDS]	65-70-75-80-85-92-100-110-125-140-HWT
D5	[13-14 YEAR OLDS]	80-85-90-95-100-105-112-119-126-132-138 145-160-180-HWT
D6/7	[15-19 YEAR OLDS / No Grads]	106-113-120-126-132-138-145-152-160-170 182-195-220-285

Style/Rules:

- All Periods and Restarts Begin from the Neutral Position
- Modified Scholastic Rules
- ROUND ROBIN FORMAT
- Tournament Director Reserves the Right to Combine Weight Classes As Needed
- D2-4 Three (3) One Min. Periods w/ Sudden Death OT in Case of a Tie
- D5-6/7 Three (3) One and a Half Min. Periods w/ Sudden Death OT in Case of a Tie

Awards: *Top Three Finishers Will Receive an Award!*

Admission: \$5 Adults / \$1 Kids age 6+ / Kids 5 & under Free!
Allowed!

Great Concessions All Day!
No Crockpots or Large Coolers

Detach and Mail Form

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Name: _____ Age*: _____ Division: _____ Weight Class: _____
[*Day of Tournament]

Email: _____ Phone: (____) _____ - _____

School/Club: _____ Coach/Contact: _____

Address (Street, City, State, Zip): _____

D.O.B. _____ Previous Season Record: _____

I have enclosed a Check or Money Order, or paid CASH:

\$_____ [\$20 Entry Fee - Includes Free 2014-15 OH-WAY Membership!] **EXISTING OH-WAY**

Please make check or money order out to: "Galion Wrestling"

MEMBERSHIP# (if known)

LIABILITY RELEASE

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors & administrators, waive & release the Galion Wrestling Team, Galion High School, officials, tournament directors, workers & all representatives including OH-WAY & OH-WAY staff from any & all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

SIGNATURE OF ATHLETE REQUIRED: _____

PARENT/GUARDIAN SIGNATURE REQUIRED: _____

Please mail to: Galion Fall Open, c/o Randy Hartman, 8473 Davisson Rd, Mechanicsburg, OH 43044