

1st ANNUAL Eastern District FOLKSTYLE WRESTLING TOURNAMENT SATURDAY, APRIL 24th, 2010

TOURNAMENT DIRECTOR- Robert Toran Phone:
TOURNAMENT COORDINATOR- Keith Goff Phone:
E-MAILS: rtoran@nps.k12.va.us or kgoff@nps.k12.va.us

PLACE: NORVIEW HIGH SCHOOL

AWARDS: 1st, 2nd, 3rd and 4th place in each weight class will receive medals

WEIGHINS: SATELITE WEIGHINS ONLY BY COACH OR PARENT (*no on-site weigh-ins*)

NO WEIGH-INS SATURDAY – WT. CLASSES TO BE MADE FRIDAY NIGHT

ENTRIES: THE ONLY WAY TO ENTER IS BY EMAIL

(emiller.personal@gmail.com)

Then you will receive an email confirmation

Please bring the registration form with you Saturday morning

ENTRIES MUST BE RECEIVED BY 7:00PM FRIDAY, APRIL 23RD

DIVISIONS: PEEWEE - Grades K – 3
 JUNIORS - Grades 4 –5
 MIDDLE - Grades 6-8
 HIGH SCHOOL - Grades 9 - 12

MATCH TIME: PW – MIDDLE: 1-1-1, HS: 2-1-1

WRESTLING STARTS AT 9:00AM FOR PW, JUNIORS and MIDDLE

WRESTLING STARTS AT 12:00PM FOR HIGH SCHOOL

WEIGHT CLASSES: Weight classes will be formed using the Madison System.

COST: \$20.00 Registration Fee, Payment mailed in or collected AT DOOR on Saturday. **AAU cards are required. Cards can be purchased on site**

\$5 ADMISSION FEE (Includes parents and coaches)

MAKE CHECKS PAYABLE TO: NORVIEW HIGH SCHOOL

CONCESSIONS WILL BE AVAILABLE ALL DAY

1st Annual

Eastern District Folkstyle Wrestling Tournament

REGISTRATION FORM

PLEASE WRITE LEGIBLY, I HAVE TO BE ABLE TO READ IT, THANKS!

NAME: _____

ADDRESS: _____

PHONE: () _____ E-MAIL: _____

DATE OF BIRTH: _____ GRADE: _____ AGE: _____

WEIGHT: _____ DIV: _____

YEARS OF EXPERIENCE: _____

ACCOMPLISHMENTS: List accomplishments from 2009-2010 season.

CONSENT TO PARTICIPATE FORM

I give my permission for _____ to
wrestle in the

1ST Eastern District Folkstyle Wrestling Tournament. I hereby release those
involved with the tournament, agents or representatives of the school and Norfolk
City Schools from any responsibilities or liability for injury or accident to the
entrant listed above.

Parent/Guardian signature: _____

Date: _____

Mail registration forms and entry fee to:

Robert Toran

6501 Chesapeake Blvd

Norfolk, VA 23464