

# Mount Olive Jr. Marauders Novice and Open Wrestling Tournament

This Tournament is being run by A 'n' A Tournament services.

**Date:** Sunday, January 17, 2010  
**Place:** Mount Olive High School  
**Time:** 8:30 AM: Novice Division  
12:30 PM: Open Division- Bantam, Midget, Junior & Intermediate

**Wrestling will begin promptly at scheduled times, be ready to wrestle**

**Weigh-ins:** Saturday, 1/16/10 (6:00PM- 8:00PM) NO Sunday Weigh-Ins (Satellites TBA)

**Max Entries:** 300 Each Group

**Awards:** 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> place finish All Novice wrestlers receive medals

**Entry Fee:** \$20 Pre-registration only. Must be received by Friday 1/16/10. NO WALK INS!

**Admissions:** \$5.00 per adult; \$1.00 Children & Wrestlers Free.

**Divisions:**

Novice	1st and 2nd year wrestlers of any age
Bantam	8 & under
Midget	10 & under
Junior	12 & under
Intermediate	14 & under (NO FRESHMAN OR HIGH SCHOOL ENTRIES)

The MADISON system will be used to determine weight classes. One weight class per wrestler.

Age is as of date of tournament. Birth Certificate must be available if questioned.

**Bout Times:** Novice, Bantam & Midget 1-1-1 Junior & Intermediate 1-1:30-1:30

**Food:** Cafeteria will be open all day. No food or drinks in the gym. Water only!

For more information call John Camoia 973-214-8538

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Make Checks payable to: Mount Olive Junior Wrestling

Mail to: MOJWA-Novice Tournament, PO Box 270, Flanders, NJ 07836.

**Circle Division:** Novice Bantam Midget Junior Intermediate

Wrestlers Name: \_\_\_\_\_

Team/Club: \_\_\_\_\_

Actual Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Wrestler age as of 01/17/10: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

I hereby declare that I will participate in the Mount Olive Jr. Novice Wrestling Tournament at my risk and of my own free will, and that I will not in any way hold liable the sponsors, tournament director officials, Mt Olive Area School District or referees for any injury that I might receive directly or indirectly from training for, traveling to or from, or competing in said tournament.

Print Parent Name \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_