

OLMSTED FALLS OPEN WRESTLING TOURNAMENT

March 9, 10, 2012

**THIS TOURNAMENT IS A QUALIFIER FOR THE TOURNAMENT OF CHAMPIONS
IN COLUMBUS. (TOP 3 QUALIFY)**

WHERE: Olmsted Falls High School, 26939 Bagley Road- Olmsted Falls, Ohio 44138

TIMES:	7 & Under	6:00 p.m. Friday March 9
	8 & 9	6:00 p.m. Friday March 9
	10 & 11	7:30 p.m. Friday March 9
	12 & 13	8:30 a.m. Saturday March 10
	14 & 15	9:45 a.m. Saturday March 10
	16 & 18	11: 15 p.m. Saturday March 10
	OPEN	11:30 p.m. Saturday March 10

WEIGH-IN: Thursday: March 8, 2010 (From 4:30-7:00) You MUST be entered into the tournament by Thursday at 7:00 p.m. (WEIGHT CLASSES WILL BE FORMED AFTER WEIGH-INS.) Any email contact goes to fallswrestling@hotmail.com

AWARDS: Top 4 finishers in each weight class will receive awards

ELIGIBILITY:

- 1. AGE DAY OF TOURNAMENT**
- 2. SENIORS MUST COMPETE IN THE OPEN DIVISION**
- 3. IF A WRESTLER IS COMPETING IN TWO AGE DIVISIONS,
2 FORMS MUST BE FILLED OUT**

ATHLETIC HOTLINE 440-427-6158- Tournament status # IN CASE of inclement weather

ENTRY FEE: \$20.00

MAKE CHECKS PAYABLE TO: Olmsted Falls Booster Club

MAIL TO: Bill McGrain, Olmsted Falls High School
26939 Bagley Road
Olmsted Falls, Ohio 44138

INFORMATION: Call: Tracey McGrain (440-427-6109 between 9:00-3:30 p.m. Daily) 330-483-6001 in the evenings but not after 9:30 p.m. No long distance calls will be returned.

OLMSTED FALLS OPEN TOURNAMENT FORM (Please PRINT this form)

Name _____ **Grade** _____ **Age Day of Tournament** _____

Address _____ **City** _____ **Phone:** _____

In consideration of your acceptance of my entry, I, intending to be legally bound, hereby for myself, my heirs, executor, and administrator, waive and release Olmsted Falls High School, Olmsted Falls Board of Education, the Olmsted Falls Booster Club, their agents, representatives, committees, and members from any claims or rights to damages for injuries or losses suffered by me directly or indirectly in training, or traveling, to or from competing in or attending the Olmsted Falls High School Open Tournament.

Parent Signature: _____ **Emergency Contact Phone Number/Cell** _____

