

OPEN\*\*\*\*\*OPEN\*\*\*\*\*OPEN\*\*\*\*\*OPEN\*\*\*\*\*OPEN\*\*\*\*\*OPEN  
MIDDLETOWN 17TH ANNUAL-BLUE RAIDER ELEMENTARY WRESTLING TOURNAMENT  
SUNDAY, February 7, 2010  
WRESTLING STARTS AT 9:00 A.M.  
LIMITED TO FIRST 350 WRESTLERS  
Seeded Tournament

PLACE: Middletown Area High School, 1155 North Union Street, Middletown, PA

WEIGH INS: **Saturday February 6, 2010 from 5:00 - 7:00 P.M.** Pre-registered  
Walk-ons accepted Saturday night subject to 350 tournament limit.  
**Pre-registration deadline Monday February 1, 2009.**

ENTRY FEE: **\$18.00 Pre-registered (form received before February 1st)**  
\$20 Walk-ons Saturday Night. \$15.00 for Teams of 8 or more SUBMITTED TOGETHER  
Make checks Payable to MWA. Returned checks are subject to a \$25.00

PEEWEE 6 & UNDER 40,45,50,55,60,65,70,75,HWT(MAX 85)  
BANTAM: 8 & UNDER 45,50,55,60,65,70,75,80,85,90 HWT(MAX 100)  
MIDGET: 9 & 10 55,60,65,70,75,80,85,90,95,100,105,115,125,130 HWT(MAX 140)  
JUNIOR: 11 & 12 65,70,75,80,85,90,95,105,115,125,130, 135,145,150, 155, 160 HWT (MAX 170) **NO JR HIGH EXP.**  
JUNIOR HIGH: 75,80,85,90,95,100,105,110,115,122,130,138,145,155,165,185,210, HWT(Max 250)  
**NO HIGH SCHOOL EXP.**

RULES: DIVISION BASED ON AGE AS OF DATE OF TOURNAMENT,  
PIAA MODIFIED. Headgear optional. All Divisions 1\*1\*1, Sudden Death Overtime. Singlet Preferred.  
Tournament Officials reserve the right to combine weight classes if less than 4 in bracket. NO weight challenges  
will be honored.

AWARDS: Top four place winners will receive awards.

CONTACT: **Ken Ulerick, Tournament Director 717-599-2724**  
Mail form to: **P.O. BOX 74, Middletown, PA 17057**  
E-mail questions to [mywrestling@verizon.net](mailto:mywrestling@verizon.net) Forms may be found on  
our Website: [www.middletownwrestling.com](http://www.middletownwrestling.com)

ADMISSION: ADULTS \$5, STUDENTS \$2

**\*\*\*APPLICATION LIMITED TO THE FIRST 350 WRESTLERS\*\*\***

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OPEN REGISTRATION FORM Division \_\_\_\_\_ WT CLASS \_\_\_\_\_

SCHOOL/TEAM \_\_\_\_\_ 2008-09 RECORD \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

IN CONSIDERATION OF THIS ENTRY FORM BEING ACCEPTED, I HEREBY WAIVE AND RELEASE ALL RIGHTS OR CLAIMS FOR DAMAGES AGAINST THE MIDDLETOWN AREA SCHOOL DISTRICT, MIDDLETOWN WRESTLING ASSOCIATION, ITS REPRESENTATIVES, SUCCESSORS OR ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME DIRECTLY OR INDIRECTLY AS A RESULT OF THIS TOURNAMENT.

WRESTLERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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