



MOORE TOWNSHIP WRESTLING
3RD ANNUAL



LAUREN'S HOPE WRESTLING TOURNAMENT

"SUPPORTING BRAIN INJURED CHILDREN AND THEIR FAMILIES"

- Date:** Sunday, February 26th, 2012 (All entries must be postmarked by Monday Feb. 20th)
- Place:** Northampton Middle School, 1617 Laubach Avenue, Northampton, PA 18067
- Time** **Weigh ins:** Saturday night 6:00-8:00pm **Wrestling:** Sunday begins at 9:00am
- Awards:** (1st-4th) Trophies will be awarded for 1st 2nd and 3rd -- Medals for 4th
- Rules:** Wrestlers may enter only one division.

PIAA modified rules and PIAA Certified Officials.
 Four mats will be used - **Headgear** and singlet are optional.
All Bout times will be 1-1-1 - **All** overtime will be sudden death,
Double elimination - **Proof** of age should be available if challenged.
 Classes with less then four wrestlers may be combined by tournament committee.

Divisions:

- Div. I (6 yrs. and under)**
Wts. 35, 40, 45, 50, 55, 60, 65, 70, 75
- Div. II (8 yrs. and under)**
Wts. 40, 45, 50, 55, 60, 65, 70, 75, 80
- Div. III (10 yrs. and under)**
Wts. 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 100 and 110
- Div. IV (12 yrs. and under)**
Wts. 65, 70, 75, 80, 85, 90, 95, 100, 110 and 120



Entry Fee: \$25.00 – **MUST BE RECEIVED BY FEB. 20th, 2012. NO REFUNDS!!**
Each wrestler will receive a shirt.

Only the first 300 applications will be accepted. **No** walk-on's the day of wrestling
 Make checks payable to: Laurens Hope Foundation, Inc.
 Mail to: Ann Flood
 2157 West Del Road
 Bath, PA 18014

Info: Call Tournament Coordinator George Stilgenbauer @ 610-657-3265 or Ann Flood @ 610-703-2423

Admission: Adults \$3.00 (including coaches), Children \$2.00

Meals: Reasonably priced food will be available in the cafeteria. **Absolutely no food or drink in the gym!**

----- (Cut here and mail bottom portion to the address above) -----

OFFICIAL ENTRY FORM – (AGE AS OF DAY OF TOURNAMENT) **SHIRT SIZE YOUTH: S__M__L__**
ADULT: S__M__L__

DIVISION: _____ AGE: _____ WT. CLASS: _____ SCHOOL/TEAM NAME: _____

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ GRADE: _____ DATE OF BIRTH: _____

AS A CONDITION OF MY CHILD'S ENTRY, I HEREBY DECLARE THEY ARE ENTERING AT THEIR OWN RISK AND FREE WILL AND I WILL NOT IN ANY WAY HOLD LIABLE THE TOURNAMENT DIRECTORS, OFFICIALS, NORTHAMPTON AREA SCHOOL DISTRICT, MOORE TOWNSHIP WRESTLING CLUB, AND/OR MOORE TWSP. COACHES, AND LAUREN'S HOPE FOUNDATION, INC. FOR ANY INJURIES OR LOSSES THAT MAY BE RECEIVED DIRECTLY OR INDIRECTLY FROM TRAINING OR TRAVEL TO OR FROM THE TOURNAMENT OR COMPETING THEREIN.

 Signature of Wrestler Printed name Date Signature of Parent/Legal Guardian Printed Name Date