

HAVERFORD TRUE NOVICE TOURNAMENT

Haverford High School
FIRST YEAR "TRUE" NOVICE YOUTH WRESTLING TOURNAMENT
Double Elimination After Quarter Finals*
Sunday, February 8, 2009

LOCATION: HAVERFORD HIGH SCHOOL, 200 Mill Road, Havertown, PA 19083

ENTRY FEE: **\$18.00 for Pre-registered / \$20.00 for walk-ins ----- Tournament Limit 300 Wrestlers**
MAKE CHECKS PAYABLE TO: "HTWA "

DEADLINE: All Entries Must Be Postmarked By Monday, February 2, 2009.
Please get your registrations in as early as possible!

ADMISSION: **\$5.00 Adults, \$2.00 Students, Wrestlers: Free**

WEIGH-INS: Saturday, February 7, 2009 from 6:00-8:00p.m. at Haverford High School 200 Mill Road, Havertown
Satellite Weigh-Ins for Teams entering 6 or more wrestlers, Contact Chester Rozanski @
rozanski524@comcast.net (see attached for satellite weigh in procedures)
If you use the Satellite Weigh-In, registration must be received by Wednesday, February 4, 2009

WRESTLING BEGINS: 9:00 AM; Doors Open at 7:00a.m.

BOUT TIMES: Pee Wee, Bantam, Midget, Junior = 1-1-1 OT = 1:00 :30 Ride Out.

FORMAT: 3 Mats, *Double Elimination After Quarters Finals, Modified PIAA Rules, No Sneakers or T-Shirts Allowed,
Weight Classes With Fewer Than 3 Wrestlers May Be Combined.

AWARDS: First, Second, Third, and Fourth Place

TEAM TROPHIES: First, Second and Third Place

REFRESHMENTS: Hot food and snacks will be available all day

FOR INFO CALL: Colleen Tavani @ 610-322-4015 or E-Mail - htpwrestling@yahoo.com

DIRECTIONS: Mapquest.com, "200 Mill Road, Havertown, PA 19083"

PEE WEE	6 & under	(Born 2003 or later):	42 – 46 – 50 –54, HWT (Max 75)
BANTAM:	8 & under	(Born 2001 & 2002):	45-50-55-60-65-75-UNL
MIDGET:	10 & under	(Born 1999 - 2000):	55-60-65-70-75-82-88-95-UNL
JUNIOR:	12 & under	(Born 1997 - 1998):	65-70-75-80-85-90-95-102-110-120-135-UNL

WALK-INS Welcome - NO REFUNDS

WESTLER'S NAME: _____ PHONE:(_____) _____

(PLEASE PRINT)

ADDRESS: _____ CITY/STATE/ZIP: _____

BIRTHDATE: _____ DIVISION: _____ WEIGHT CLASS: _____

TEAM: _____ '09 RECORD: (required for seeding) W: _____ L: _____

E-MAIL: _____

Consent: I hereby give permission for my child to participate in the Haverford Youth Wrestling True Novice Youth Wrestling Tournament and release the Haverford Youth Wrestling Club as well as their representatives, agents, successors, assigns and referees from all liability.

PARENT'S SIGNATURE: _____ WRESTLER'S SIGNATURE: _____

MAIL ENTRY FORM WITH CHECK OR MONEY ORDER TO:
(Payable to: HTWA)

HAVERFORD YOUTH WRESTLING ASSOCIATION
c/o Colleen Tavani
1624 Ashton Road
Havertown, PA 19083