

**PENINSULA CATHOLIC  
MINUTE MADNESS WRESTLING TOURNAMENT  
(ALL DIVISIONS ONE MINUTE  
PERIODS)  
SATURDAY, April 19th, 2014**



**TOURNAMENT DIRECTOR-** Rodney Grainger [rgrai67510@aol.com](mailto:rgrai67510@aol.com)  
757-286-7982

**TOURNAMENT COORDINATOR-** Ron Kavanaugh [AAUwrestling@hotmail.com](mailto:AAUwrestling@hotmail.com) 757-813-5012

**PLACE:** PENINSULA CATHOLIC HIGH SCHOOL  
600 HARPERSVILLE RD, NEWPORT NEWS VA 23601

**AWARDS:** 1st, 2nd, 3rd and 4th place in each weight class will receive medals

**WEIGHINS:** SATELITE WEIGHINS must be emailed to [rgrai67510@aol.com](mailto:rgrai67510@aol.com)  
**ENTRIES MUST BE RECEIVED BY 6:00 PM APRIL 18, 2014(Friday)**

<b>DIVISIONS:</b>	PEEWEE - Grades K – 2	time (1-1-1)
	ELEMENTARY – Grades 3-5	time (1-1-1)
	MIDDLE Grades 6-8	time (1-1-1)
	JUNIORS – Grades 9-12	time (1-1-1)
	OPEN	time (1-1-1)

**WRESTLING STARTS AT 9:00AM FOR PEE WEE AND  
ELEMENTARY  
WRESTLING STARTS AT 10:00AM FOR MIDDLE AND HIGH  
SCHOOL**

**WEIGHT CLASSES:** Weight classes will be formed using the Madison System.

**COST:** \$20.00 Registration Fee, Payment mailed in or collected AT DOOR on Sunday.  
AAU cards are required. Can get them on line at [www.aausport.org](http://www.aausport.org).

**\$5 ADMISSION FEE** (Includes parents and coaches)

**MAKE CHECKS PAYABLE TO:** PENINSULA CATHOLIC ATHLETICS

**CONCESSIONS WILL BE AVAILABLE ALL DAY**

# Peninsula Catholic Wrestling Tournament

## REGISTRATION FORM

*PLEASE WRITE LEGIBLY, I HAVE TO BE ABLE TO READ IT,  
THANKS!*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ DIV: \_\_\_\_\_

YEARS OF EXPERIENCE: \_\_\_\_\_

## CONSENT TO PARTICIPATE FORM

I give my permission for \_\_\_\_\_ to wrestle in  
*Peninsula Catholic Wrestling Tournament*. I hereby release those involved with the  
tournament, agents or representatives of the school and Peninsula Catholic School in a  
whole from any responsibilities or liability for injury or accident to the entrant listed  
above.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Club Name** \_\_\_\_\_

Person Responsible for Payment\_\_\_\_\_

(please make checks payable to **PENINSULA CATHOLIC ATHLETICS**)

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