



ASHBURN WRESTLING CLUB

10 MAN TEAM DUALS

SEPTEMBER 28 BROAD RUN HS

WRESTLING STARTS AT 9:00 AM

5 MATS MINIMUM

EVENT DESCRIPTION

In an effort to get more mat time in a team setting in the fall, and to make the overall off-season dual faster, we have created the 10 Man Squad Mini-Duals. Matches will run like regular duals, with adjusted weight classes.

MINI-TEAM DUALS WEIGHT CLASSES

YOUTH DIVISION WEIGHTS (K-8)

55 61 68 76 85 95 106 118 131 HWT
(APPROX. 10% DIFFERENTIAL)

HIGH SCHOOL DIVISION WEIGHTS (7TH-12TH)

109 118 128 139 151 164 178 193 210 HWT
(APPROX. 9% DIFFERENTIAL)

TENTATIVE DUALS SCHEDULE - DEPENDANT ON TEAMS

8:00 Team Check In	1:00 Round 5 Matches - Pool
9:00 Round 1 Matches - Pool	2:00 Round 6 Matches - Pool
10:00 Round 2 Matches - Pool	3:00 Consolation Matches (Teams 11-20)
11:00 Round 3 Matches - Pool	4:00 Championship Matches (Team 1-10)
12:00 Round 4 Matches - Pool	** Times Subject to Change due to teams

TOURNAMENT EXPECTATIONS/REGISTRATION

1. Teams will be guaranteed at minimum of 5 matches on the day
2. Exhibition matches ONLY be available if coaches can find an open mat and referee.
 - a. We will not delay matches for exhibition matches

Registration Fee: \$250 \$100 Deposit must be received before September 14

**** \$50 Discount to Register an A and B team**

REGISTRATION/CONTACT INFORMATION

Team Registration: www.ashburnwrestlinclub.com/#!/registration/clatc

Email: ashburnwrestling@gmail.com

Tournament Directors: Josh Costa (571) 436 9381 J.J. Totaro (703) 431 8042



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MINI-TEAM DUALS

10 MAN SQUADS

SEPTEMBER 28 BROAD RUN HS

REGISTRATION FORM

TEAM NAME: _____

CLUB ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COACH NAME(S): _____

CELL NO.: _____ ALT. NO.: _____

COACH EMAIL: _____

TEAM DESCRIPTION/ DETAILS FOR SEEDING: _____

MINI - DUAL DIVISION

☐ YOUTH DIVISION

☐ HIGH SCHOOL DIVISION

PAYMENT INFORMATION

REGISTRATION FEE: \$250 – \$100 DEPOSIT DUE SEPTEMBER 14

☐ CASH (ON-SITE)

☐ CHECK

☐ CREDIT CARD

CARDHOLDER'S NAME: _____

CARD NUMBER: _____ EXP: ____/____

CARDHOLDER ZIP CODE: _____ SECURITY CODE: _____

CARDHOLDER SIGNATURE: _____

INFORMATION WILL BE PROCESSED THROUGH PAYPAL INC. AND IS USED ONLY FOR THE PURPOSES OF COLLECTING PAYMENT FOR THE ASHBURN WRESTLING CLUB. WITH YOUR SIGNATURE YOU ARE ALLOWING PERMISSION FOR CHARGES.