TO THE PARTY OF TH

Washington Court House, OH - Sunday December 21st, 2014 OH-WAY / CHC OHIO PRIDE WINTER DUALS

Sponsored by the OH-WAY & the COURT HOUSE COBRAS WRESTLING CLUB

Mail Entry Fee, Roster & Liability Release Forms to: Court House Cobras C/o Tom Weaver 211 Grand Ave.

Location: Washington High School Athletic Center

400 S. Elm Street, Washington C.H., OH 43160

Date: Sunday December 21st, 2014

Registration & weigh-ins:Day of Tournament Weigh-ins only Roster & Deposit must be received by Friday – November 28, 2014

Weigh-ins: 7:00-8:00 am [Wrestling begins at 9:00 am]

Wash. C.H., OH Entry Fee: \$250.00 per team. [Due by November 28, 2014 to secure spot]

TWO BRACKETS WITH DISTINCT AWARDS FOR EACH BRACKET!

COMMUNITY/SCHOOL/LOCAL CLUB TEAMS - 6 TEAM ROUND ROBIN BRACKET!

ALL-STAR TEAMS - 6 TEAM ROUND ROBIN BRACKET!

OFFICIAL ENTRY FORM FOR THE OH-WAY / CHC Ohio Pride Winter Duals:

Please include our team in the	DH-WAY / CHC Ohio Pride Winte	er Duals. Enclosed is o	ur \$250 Entry Fee. I
understand that the Entry Fee i	s non-refundable, unless the to	urnament is cancelled,	and that I will need to

	ed LIABILITY RELEASE (see below) for each wrestler. n: (Please Print).
Coach:	·
Team Name:	
Phone:	
Email:	
Signature:	
Tournament Di	irector: Tom Weaver
Cell: (740) 50	5-0950 Email: weavedog@sbcglobal.net
Ages & Weigl	nt Classes
Ages 13 & und	er (must be 6th Gr. & under) –
	, 70, 75, 80, 88, 95, 100, 108, 120, 135, Hwt (200 max)
(2) Coaches	& (1) REQUIRED Table Worker Admitted Free!

Format/Rules:

- Certified Officials!
- Guaranteed 5 Duals in Six Rounds w/ a full 6 team bracket!
- Rosters can be changed each dual (w/ weigh-in & release)
- 6 teams per RR Bracket.
- Modified Scholastic Rules.
- Matches are three (3) one minute periods w/ sudden death OT
- Community/School/Local Club RR Bracket (ex. Mechanicsburg)
- All-Star RR Bracket (ex. BTW, Miron, etc.)

Awards (Distinct Awards for 1st – 3rd in Each Bracket):

- 1st Place Team Trophy & 2nd Place Team Trophy!
- 20 Custom "Dry Fit" T-Shirts for the 1st place team!
- 20 Custom Medals for each 2nd & 3rd place team!
- 22" Fastest Pin Trophy in Each Division!

			Actual
Weight Class	Name	Age	Weight
Age 13 & Under	must be 6th Gr. & und	er):	
45			
50			
55			
60			
65			
70			
75			
80			
88			
95			
100			
108			
120			
135			
Hwt (200 max)	_		
Note: Use additi	ional forms for extras!		
Comm./School/Local Club			

Actual

Check One! All-Star Club

Admission: \$5 Adults / \$2 ages 6-17

Admission: \$5 Adults / \$2 ages 6-1/ \$Free ages 5 & under!

Great Hot & Cold Concessions All Day! No Crockpots or Lg. Coolers Allowed!

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COMPLETED ENTRY FORM REQU	UIRED FOR EACH PARTICIPA	ANT ON ROS	STER:		
Name:	Date of Birth:		Age (day o	of event):	
Feam Name:	Phone:	()		
.IABILITY RELEASE , the undersigned, individually and as a parent/guardian of			a minor,	, ask that he/sl	ne be
admitted to participate in the above event. I and my legal heirs	do hereby agree to rel	ease, dis	charge and hold harn	nless Court Hor	use
Cobras Wrestling Club, Washington C.H. City Schools, OH-WAY, N	NUWAY, their sponsors,	tournam	ent officials, agents &	k employees of	and
from all causes, liabilities, and damages, claims, or demands wha	itsoever on account of	any injury	y or accident involving	g the said mind	or and

suffered by me directly or indirectly in training, traveling to and from, and/or arising out of the minor's attendance at the sporting event or

in the course of competition held in connection with this event.

PARENT/GUARDIAN SIGNATURE REQUIRED:

Washington C.H., OH – Sun. Dec. 21st, 2014 Sponsored by OH-WAY & the COURT HOUSE COBRAS OH-WAY / CHC OHIO PRIDE WINTER DUALS

COMPLETED ENTRY FORM REQUIRED FOR EACH PARTICIPANT ON ROSTER:

Name:	Date of Birth:		Ag	e (day of event):
Team Name:	Phone:	()			
LIABILITY RELEASE					
I, the undersigned, individually and as a parent/guardian of					a minor, ask
that he/she be admitted to participate in the above event. I ar					
hold harmless Court House Cobras Wrestling Club, Washington					
tournament officials, agents & employees of and from all cau					
on account of any injury or accident involving the said minor a					
to and from, and/or arising out of the minor's attendance at the	he sporting even	nt or in the	course of c	competition	held in
connection with this event.					
PARENT/GUARDIAN SIGNATURE REQUIRED:					
Washington C.H., OH – Sun. Dec. 21st, 2014 Spo OH-WAY / CHC OHIC COMPLETED ENTRY FORM REQUIRED	O PRIDE WINTE	R DUALS			DBRAS
Name:	Date of Birth:		Ag	e (day of event):
Team Name:	Date of Birth: Phone:	()			
LIABILITY RELEASE					
I, the undersigned, individually and as a parent/guardian of					
that he/she be admitted to participate in the above event. I ar					
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tournament officials, agents & employees of and from all cau					
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connection with this event.					
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Team Name:	Phone:	()			
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connection with this event.	no sporting even		004130 01 0	ompound.	nord in
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connection with this event.					