

## 2<sup>nd</sup> Annual Locust Valley Folkstyle Challenge

Locust Valley Sr./Middle School

99 Horse Hollow Road, Locust Valley, N.Y. 11560

DATE: May 23, 2010

**Open to all – ages 10 and under through High School**

**All participants must have a current U.S.A. wrestling card - No exceptions!**

**Maximum Participants 300 – Walk-ins Welcome**

**Official Referees**

**DIVISIONS:**   **10 and under**, Weigh-ins 7-8AM – Wrestling Begins at 9AM (3-6 man round robin)  
**11-12**, Weigh-ins 7-8AM – Wrestling Begins at 9AM (3-6 man round robin)  
**13-14**, Weigh-ins 7-8AM – Wrestling Begins at 9AM (3-6 man round robin)

**High School** grades 9-12, Weigh-ins 10-11AM – Wrestling Begins at 12:30PM  
(8 man brackets with full wrestlebacks to 3<sup>rd</sup>/4th) (Includes graduating seniors)

**WEIGH-INS: Madison System** - will take place the day of the tournament. Weight classes will be determined after weigh-ins.

**AWARDS:** 1st - 3rd place medals

**RULES:** Folkstyle - NYS High School Scholastic Rules

**BOUTS:** 9-14 years of age 1.5-1-1 periods / High School 1-1.5-1.5 periods (Wrestlebacks 1-1-1)  
Over Time: 1st period -30 second sudden death, 2nd period - 30 second ride out – all divisions

**ADMISSION WILL BE CHARGED AT THE DOOR:** \$3 adults, \$1 students / Food will be available all day

**WRESTLERS REGISTRATION FEE:** \$20.00 if received by May 20th, 2010 or \$25.00 for walk-ins  
Mail completed registrations to: **Brian Ward, 3 Howard Road, Bayville, NY 11709**  
Checks made payable to **Oak Neck Athletic Council**

**CONTACT:** For further information contact: [bward@optonline.net](mailto:bward@optonline.net) Brian Ward (516) 446-1467,  
[msbriody@optonline.net](mailto:msbriody@optonline.net) Mike Briody (347) 572-3339 or [mberkowitz@steelequities.com](mailto:mberkowitz@steelequities.com) Mike Berkowitz

---

**Waiver:** I am the parent/guardian of the above wrestler and give my permission for him/her to compete in the Locust Valley Tournament on the above date. I hereby release LVM/HS Central School Dist #3, coaches, trainers, referees, and volunteers from liability incurred in this tournament or on school grounds. I also acknowledge that I have adequate medical coverage in case of possible injury.

NAME.....USAW CARD #.....

DATE OF BIRTH.....DIVISION.....WEIGHT.....TELEPHONE.....

STREET.....CITY.....STATES.....ZIP.....

Club Name & County/State Achievements (for separation) .....

.....  
(Participant's or Parent's (Signature of legal guardian)

(Print Name)

DATE