

WANTAGH / VOUGAR (VHW)
FREESTYLE WRESTLING TOURNAMENT

Date: **Sunday, May 6, 2018**

Location: **Wantagh High School, 3297 Beltagh Avenue, Wantagh, N.Y. 11793**

FORMAT: THIS IS A TEAM EVENT.
USA WRESTLING CARD IS REQUIRED. THERE ARE FOUR
MATS

Weigh In: **7:30 A.M. UNTIL 8:30 A.M.... WRESTLING STARTS 9:00 A.M.**

Wrestling: **Freestyle Format, periods will be Two-3 minute periods**
Elementary, middle school and H.S. on one team

Weights: 73, 78, 83, 90, 97, 101, 107, 115, 122, 128, 134, 140, 147, 154, 162, 172,
184, 195, 222, and 287 pounds.

Entry Fees: **\$700.00 PER TEAM CASH OR CHECK payable to: Wantagh Wrestling**

Information: Irwin M. Loew for Vougar at cell 516-521-8544

Admission: **\$5.00 Concession:** **Food will be available all day**

USA Card # : _____ Date of Birth: ____/____/____ Grade Sept 2018: _____

Club or Team : (List only one) _____

Name : _____
First Last

Address : _____

City : _____ State : _____ Zip code : _____

Telephone : (_____) _____ - _____

Vougar Oroudjov of the VHW Club will be conducting a free wrestling clinic starting at 8:30 A.M.

Waiver:

I, the undersigned, hereby declare that if I am accepted to participate in the Wantagh Wrestling Tournament, I will do so at my own risk and of my own free will. I will not, in any way, hold liable the sponsors, tournament officials, Wantagh HS, referees, for any injuries or losses that I might receive, directly or indirectly, while traveling to or from, or competing therein. In understand that if I (my child) has any suspicious skin markings, I (my child) might not be allowed to enter the tournament without a doctor's note stating the he / she is free of any contagious condition.

Wrestlers Signature _____

Parents Signature _____ **Date** _____