**\*\*\*\*8th ANNUAL TOMMY DELL NOVICE TOURNAMENT\*\*\*\***

***A tourney to celebrate Tommy Dell and the lives he touched!!***

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**Date/Location: 14 January 2018; Manchester Valley HS, 3300 Maple Grove Road, Manchester, MD 21102.**

**\*This tourney is for 1st & 2nd year novice wrestlers, and is limited to the first 275 entries.\***

**Weigh-ins: 7:30-8:30 am. Wrestling begins at 10:00 am.**

**WEIGHT CLASSES**

**Bantam (7 years old and under): 40, 45, 50, 55, 60, 65, 70, 80, UNL**

**Midget (8 and 9 years old): 55, 60, 65, 70, 75, 80, 85, 90, 95, 100, UNL**

**Junior (10 and 11 years old): 65, 70, 75, 80, 85, 90, 95, 100, 107, 115, 122, 130, UNL**

**Intermediate (12 and 13 years old): 75, 80, 85, 90, 95, 100, 107, 115, 122, 130, 140, 150, UNL**

**Format: Six man brackets, seeded at random, with full wrestle-backs. We reserve the right to group weight classes. All matches will be 3, one-minute periods, with one-minute OT, followed by 30 second tie breakers.**

**Awards: Trophies will be awarded to all six places!**

**Pre-Registration Fee: $20.00/wrestler if registered prior to 9 Jan 2018; mail bottom-half of this form and a check made payable to “North Carroll Recreation Council” to: Doug Dell, 975 Sullivan Road, Westminster, MD 21157 to pre-register.**

**Fee for Walk-ins on Day of Tourney: $25/wrestler.**

**INFORMATION: Jason Myers: 410-913-9563:** [**jkmyers01@yahoo.com**](mailto:jkmyers01@yahoo.com)

**Andy Kiler: 443-244-0276: apkiler@yahoo.com**

**There will be refreshments on sale throughout the day. Due to school regulations, there will be no smoking on the property, and no food or coolers will be allowed in the gymnasium. We ask that coaches and parents be responsible for their wrestlers at all times.**

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**WRESTLER’s NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEAM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GROUP: 7 & UNDER 8&9 10&11 12&13 WEIGHT CLASS \_\_\_\_\_\_\_\_ ACTUAL WEIGHT\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We, the parents of assume full responsibility for our child in case of an emergency or injuries he/she may incur during the wrestling tournament, held by the North Carroll Recreation Council at North Carroll High School, or while traveling to or from the place of the event. We also certify that the entrant is a first or second year (novice) wrestler.**

**PARENT'S SIGNATURE DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**