



2017 KEITH KLINE MEMORIAL BIDDY WRESTLING TOURNAMENT

WHEN: SUNDAY, DECEMBER 10TH, 2017 AT OAK HARBOR H.S, 11661 W. ST. RT. 163, OAK HARBOR, OH 43449

WEIGH-INS & REG. AT 7:00 A.M – 8:30 AM / RULES CLINIC AT 9:45 AM / WRESTLING BEGINS AT 10:00 AM

ENTRY FEE: \$15.00 (IF MAILED IN BY DEC 4TH, 2017) \$20.00 AT THE DOOR

CHECKS PAYABLE TO: OAK HARBOR AMATEUR WRESTLING CLUB, C/O GEORGE BERGMAN, 11661 W. ST. RT. 163, OAK HARBOR, OH 43449 FOR QUESTIONS PLEASE CALL 419-707-2626 , www.oakharboramateurwrestling.com or on FACEBOOK.

WEIGHT CLASSES: WILL BE DETERMINED AT THE TOURNAMENT

DIV I- 6 YRS & UNDER / DIV II 7-8 YRS / DIV III 9-10 YRS / DIV IV 11-12 YRS

DRESS: T-SHIRTS & SHORTS OR SINGLET *** HEADGEAR RECOMMENDED

RULES: MODIFIED OSHAA rules. Double elimination except in championship final: sudden death overtime. Two- 1 1/2 minute periods, 12 pt difference ends match, Neutral position start both periods.

AWARDS: 1ST, 2ND, 3RD PLACINGS RECEIVE TROPHY (PLAQUE) 4TH PLACE RECEIVE MEDALS

ADMISSION: \$3.00 STUDENT..... \$5.00 ADULT \$10.00 FAMILY

FOOD: CONCESSION STAND WITH HOT FOOD IS AVAILABLE & BEVERAGES ALL DAY

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KEITH KLINE MEMORIAL BIDDY TOURNAMENT ENTRY FORM

Certified OHSAA wrestling officials will help conduct the tournament, Tournament directors reserve the right to combine or delete weight classes

NAME (WRESTLER): _____

D.O.B: ___/___/___ **AGE (AS OF 12/10/2017):** ___ **YRS WRESTLING** ___

ADDRESS: _____

CITY: _____ **STATE:** ___ **ZIP:** _____ **TELEPHONE:** _____

WRESTLING CLUB: _____ **SCHOOL:** _____

PARENT SIGNATURE/: _____ **DATE:** _____

WRESTLER SIGNATURE: _____ **DATE:** _____

In consideration of your acceptance of my entry, I, my heirs, executors and administration, waive and release Oak Harbor HS, Oak Harbor Amateur Wrestling Club, all Tournament officials, and sponsors from all claims of damage, injuries or losses suffered by me, directly or authorize treatment by first aid personnel on site.