



Port Clinton Wrestling Club  
7th Annual Tomahawk Tournament  
Sunday, November 19, 2023

**Location:** Port Clinton High School - 821 S. Jefferson St, Port Clinton, OH 43452

**Time:** Wrestling starts at 11:00 AM. Pre-register check-in 8:00-10:00 AM

**Entry:** \$30.00 pre registration /early weigh ins; No registrations at the door.

**Checks payable to:** Port Clinton Wrestling Club

**Questions/Registrations:** [PCBiddywrestling@gmail.com](mailto:PCBiddywrestling@gmail.com)

**Weigh-in:** Weights (team or individual) must be emailed to [pcbiddywrestling@gmail.com](mailto:pcbiddywrestling@gmail.com) no later than 3 pm on Saturday, November 18th, 2023. Spot checks will be performed. Payment is due at check-in.

**Division Age Weight Classes:** 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100, 105, 110, 115, 120, 125, 130, 135, 140, 145, HWT

I- 6 and under

II- 7 - 8 Years

III- 9 - 10 Years

IV- 11 - 12 Years

V- 6 and under Girls

VI- 7 - 8 Years Girls

VII- 9 - 10 Years Girls

VIII- 11 - 12 Years Girls

**\*Birth certificate must be presented if challenged**

**Rules:** Three 1 ½ minute periods - Start and restart in the Neutral Position - 12 Point tech fall. Sudden death O.T. Double elimination or round robin will be determined based on numbers. Certified Wrestling Officials.

**Dress:** Shorts and T-Shirt - Singlet preferred

**Awards:** 1st - Tomahawk, 2nd and 3rd Place

**Gate Admission:** Adult - \$5.00 Students - \$4.00 Family - \$10.00

Concession stand open all day **(NO coolers in the gymnasium)**

-----PLEASE PRINT-----

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age (as of 11/19/23) \_\_\_\_\_

In consideration for acceptance of this entry for the Port Clinton Tomahawk Wrestling Tournament, November 19, 2023, I hereby waive and release myself, my heirs and administrators, all rights and claims for damage against the Port Clinton School Board of Education, the Port Clinton Wrestling Club, the Port Clinton Wrestling Team, sponsors, committees, and officials from any and all injuries suffered by me directly, or indirectly, at this tournament.

Wrestler Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*This entry form will not be accepted unless all signatures are present!!**