

Kiski Area Thanksgiving Open Top 100 Wrestling Tournament

Dedicated to the Memory of John Lorenz – Kiski Area Class of 1999

**Wrestle on the Same Mat All Session – Four Full Size Mats – FloWrestling Digital Scoring & Online Brackets
PA Top 100 Tournament – Ohio Tournament of Champions Qualifier (April 26-27, 2019, Columbus, OH)**

Location: Kiski Area High School, 240 Hyde Park Road, Leechburg, PA 15656

Date: Saturday - November 24, 2018

Entry Fee: **\$21.00** Online Registration and Payment @ arena.flowrestling.org
\$30.00 Walk-ins Welcome - Entries at Door **Cash or Card (3% Fee for Card)**

Split Start: 8U & 10U Weigh-in: 7:30–8:30 am. Wrestling @ 9:00-9:30 am.
12U& Jr. Hi. Weigh-in: 11:00 am.-12:00 Noon Wrestling @ 12:30-1:00 pm.

Awards: Plaque Awards for First, Second, Third and Fourth Place. Top 4 Qualify for Ohio ToC Kiski Area “Tournament Champion” T-Shirt for each Champion

- Rules:
1. PIAA Wrestling Rules and Officials
 2. Proof of Age Required if Challenged (Age - Day of Tournament)
 3. Double Elimination Tournament - 6 and fewer Wrestle Round Robin
 4. **No Weight Allowance – No Exceptions – FLAT WEIGHT**
 5. Tournament director reserves the right to combine weight classes with 2 or fewer
 6. No Junior High Students (7th-8th grade) in 12U Division/No Varsity Experience
 7. **Advance Entries May Change Weight at Weigh-ins for \$10.00 Cash Only Fee**

Length of Matches: 1-1-1 for 8U, 10U, 12U. 1:30-1:30-1:30 Minute Periods for Junior High.

Overtime Rules: 1 Min. Sudden Victory; (2) 30-sec. tiebreakers; 30 sec. Ultimate Tie Breaker

Cafeteria: Cafeteria opens at 7:30AM - Great Homemade food & Goodies!

Information: **arena.flowrestling.org** Email: open@kawrestling.com Phone: 412-999-1713 9am-8pm

WALK IN REGISTRATION FORM: \$30.00 Cash or Card (3% fee) CIRCLE DIVISION AND WEIGHT			
8 U Division:	45 50 55 60 65 75 90 110		
10U Division:	55 60 65 70 75 80 85 90 95 105 120 150		
12U Division:	65 70 75 80 85 90 95 100 105 115 125 135 145 160 200		
JH Division:	75 80 85 90 95 100 105 110 115 122 130 138 145 155 165 185 210 250		
Wrestler Name (PRINT CLEARLY)			
Date of Birth:	/	/	Club/School:
I, the parent/guardian of the above-named participant assume full responsibility and liability in case of any injury that may occur during the Wrestling Tournament or while traveling to or from the tournament. In consideration of your acceptance of this Entry Form, all parties waive all claims to injury or damage against Kiski Area School District and Kiski Area Wrestling Boosters its heirs and assigns.			
Parent/Guardian Print Clearly:			Cell: () -
Parent/Guardian Signature:			Date: 11/24/2018