

22ND ANNUAL INTERCOUNTY WRESTLING LEAGUE
FIRST YEAR TRUE NOVICE CHAMPIONSHIP
SUNDAY, FEBRUARY 26, 2012

- LOCATION/TIME:** **METHACTON HIGH SCHOOL**, 1001 KRIEBEL MILL ROAD, EAGLEVILLE, PA 19403
Wrestling starts at **9:00am** Snow Date: 3/4
NO SMOKING ON SCHOOL PROPERTY - IF FOUND SMOKING YOU WILL BE ASKED TO LEAVE
- REGISTRATION:** Register in person at MYWC official or satellite weigh-in - **Registration form & fee due at weigh-in**
- WEIGH-INS:** Thursday, February 16th, 6:30 to 8:30pm at Methacton High School
- SATELLITE WEIGH-INS:** To be announced. Check our website for updates - www.mywc.org
- AWARDS:** Trophies for 1st, 2nd, 3rd, and 4th in each weight class. Team trophies.
- AGE DIVISIONS:** **Pee Wee: born 2006 only**
Bantam: born 2004 - 2005
Midget: born 2002 - 2003
Junior: born 2000 - 2001
- WEIGHT CLASSES:** Madison Style brackets-Brackets will be determined based on actual weights after all weigh-ins
- ADDITIONAL INFO:** Hosted by Methacton Youth Wrestling Club - For additional info contact Tournament Directors:
Brian Leggin - mywc1@verizon.net - 610-324-2732
Tara Moser - taramoser@comcast.net - 610-636-0601
Food and beverages available all day.
- ENTRY FEE:** \$23.00 payment is required at weigh-in - NO REFUNDS - Make checks payable to: **MYWC**
- ADMISSIONS:** Adults/Coaches: \$3.00 Children - free Programs: \$2

TOURNAMENT RULES

Must be either ICWL Pee-Wee or ICWL First Year Novice to enter - If you have experience prior to this season you are not eligible / Team singlet required / Head gear required / Modified PIAA Rules / Full Double elimination tournament / *Season Win/Loss Record must be included - Seeding based on record / Bout times 1:1:1 , Overtime 1:00, Sudden death :30 Ride out

IMPORTANT INFORMATION

REGISTRATION & WEIGH-INS: Register at official weigh-in conducted on Thursday, February 16th or at a satellite weigh-in designated by MYWC. Madison Style bracketing - brackets will be determined based on actual weights after last weigh-in. Tournament entry will be closed after last official weigh-in. **Each team must have a coach approve their teams First Year Novice registrations.**

NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____

PHONE NUMBER _____ DIVISION _____ WEIGHT _____

ICWL TEAM _____ *SEASON WIN/LOSS RECORD (needed for seeding) _____

TOURNAMENT HONORS _____

CONSENT: I hereby give my child permission to wrestle in the ICWL First Year Novice and Pee-Wee Championship and release all sponsoring bodies, their officers, tournament officials, committees, referees, and Methacton School District from all liability.

PARENTS SIGNATURE _____ COACHES APPROVAL _____

MYWC Official Use Only:

Check _____ Cash _____ Team Pay _____ Actual Weight _____ Weigh-in Location _____