



THE 11TH ANNUAL WRESTLE FOR HOPE TOURNAMENT **TOP 100 TOURNAMENT**

“BENEFITING BRAIN INJURED CHILDREN AND THEIR FAMILIES”

DATE & TIME	LOCATION	WEIGH-INS
Sunday, March 1, 2020 Wrestling begins at 9:00 am All mailed entries must be received by February 24, 2020	Nazareth Area High School 501 E Center St Nazareth, PA 18064	Saturday, February 29, 2020 9:30-11:30 am (Pen Argyl High School Wrestling Room) 3:30-5:30 pm (Nazareth High School Gym)

RULES: Wrestlers may enter only one division.

- PIAA modified rules and PIAA Certified Officials.
- Headgear and singlet are optional.
- All Bout times will be 1-1-1 - All overtime will be sudden death.
- Double elimination - Proof of age should be available if challenged.
- Classes with less then four wrestlers may be combined by tournament committee.

DIVISIONS

- Div. I (6 yrs. and under) Wts. 40, 45, 50, 55, 60, 65
- Div. II (8 yrs. and under) Wts. 40, 45, 50, 55, 60, 65, 70, 75, 80
- Div. III (10 yrs. and under) Wts. 50, 55, 60, 65, 70, 75, 80, 85, 90, 100, 110, 120
- Div. IV (12 yrs. and under) Wts. 65, 70, 75, 80, 85, 90, 95, 100, 110, 120, 160
- Jr High (14 yrs. and under) 75, 80, 85, 90, 97, 104, 110, 115, 122, 130, 138, 145, 152, 160, 170

Register & Pay ONLINE at LaurensHopeFoundation.com -> EVENTS -> Wrestle for Hope

Entry Fee: \$30.00 MUST BE RECEIVED BY February 27, 2020. NO REFUNDS!!

Discount: Call Ann Flood (610-703-2423) for discount of 10 or more kids from same team

Awards: Trophy will be awarded for 1st place; medals for 2nd and 3rd.

T-shirts: Each wrestler will receive a shirt if registered by 2/19/20; after that, shirts available while supplies last.

Applicants: Only the first 250 applications will be accepted. No walk-on's the day of wrestling

Info: Call Tournament Coordinator Ann Flood @ 610-703-2423

Admission: Adults (including coaches) and children (5 years and older) \$5.00. Children under 5 years are FREE.

Meals: Reasonably priced food will be available in the cafeteria. Absolutely no food or drink in the gym!

Cut Here

Cut Here

Wrestler Information

Name

Age on date of tournament

Date of Birth

Wt. Class

Division

School/Team Name

Grade

Shirt Size Youth ___S ___M ___L

Adult ___S ___M ___L ___XL

Mail This Form to:

Ann Flood
2157 West Dell Road
Bath, PA 18014

Make checks payable to:

Lauren's Hope Foundation, Inc.

Parent/Guardian Contact Information

Name

Phone

email

Mailing Address

City/State/Zip

AS A CONDITION OF MY CHILD'S ENTRY, I HEREBY DECLARE THEY ARE ENTERING AT THEIR OWN RISK AND FREE WILL AND I WILL NOT IN ANY WAY HOLD LIABLE THE TOURNAMENT DIRECTORS, OFFICIALS, NAZARETH AREA SCHOOL DISTRICT, ANY COACHES AND/OR MEMBERS OR DIRECTORS OF LAUREN'S HOPE FOUNDATION, INC. FOR ANY INJURIES OR LOSSES THAT MAY BE RECEIVED DIRECTLY OR INDIRECTLY FROM TRAINING OR TRAVEL TO OR FROM THE TOURNAMENT OR COMPETING THEREIN.

Wrestler Signature

Date

Parent/Legal Guardian Signature

Date