

PLAINVIEW-ELGIN-MILLVILLE (PEM) WRESTLING

NYWA District Qualifier Tournament

When: **Friday, March 9, 2012** (Snow Date: March 16)
Admission: Adults - \$3.00; Students - \$1.00
Where: **PEM High School, Plainview, MN**

NOTE! Because this is a NYWA qualifier, you must purchase an NYWA membership! NYWA membership costs \$12 in ADVANCE via mail or internet or \$15 at the door. This is **in addition** to our \$12 tournament fee. You must provide your NYWA membership number at registration.

Time: Doors open at 4:30 pm; Weigh-in 4:30-5:30 pm; Wrestling begins at approximately 6:15 pm

Eligibility: **Kindergarten through 8th grade:** Wrestlers will be grouped by grade (k and under, 1&2, 3&4, 5&6, 7&8) and **scratch weight**. We will try to group wrestlers within 10% of each other, weight wise. We do NOT follow the NYWA regional and state weight classes.

Entry/Fees: Entries will be **limited to the first 400 entries** on a first-come, first-serve basis. Entry: \$12

Pre-registration only (absolutely no walk ins). Entries must be received by Wednesday, March 7.

Awards: - Grades K-6: medals for 1st - 4th; grades 7-8: medals for 1st-2nd.
- Awards are presented on the stage.

Rules: - High School Rules and scoring will be used during matches. However, grade K-4 wrestlers will get one illegal-hold warning before being penalized.
- Individual clock time will be three 1-minute periods; 1-1/2 min. periods for gr. 7&8.
- **One mat-side coaching privilege is included with registration fee; one coach per wrestler.**
- There will be a maximum of four wrestlers per bracket. If needed, true-second matches will be wrestled. Three-person brackets will be wrestled as round-robin.
- First and second place finishers qualify for the NYWA regional tournament. If a 3-person round robin ends in a tie, all three wrestlers advance to NYWA regional.
- Out-of-state wrestlers may not advance to a regional NYWA tournament.

Mail this form along with \$12.00 registration fee to: Norb Marx, P.O. Box 48, Elgin, MN 55932
(Postmarked no later than Tues., March 6) 507-876-2621

Make checks payable to: PEM Wrestling Booster Club

Wrestler's Name: _____
(first) (last)

Mailing Address: _____

Birth date: _____ Age: _____ Grade: _____

School: _____ Weight: _____ NYWA# _____

I certify the above information is correct. I waive all claims for damage or injury incurred during the "PEM District NYWA Tournament." _____ has my permission to participate in the tournament, and I accept responsibility for his/her conduct.

(parent's signature)