

*NYACE & POLLI-SHORE WRESTLING PRESENTS...*

## *The Shore Conference Fall Classic*

*Saturday October 17, 2009*

*At Holmdel High School, NJ*

36 Crawfords Corner Road, Holmdel, NJ 07733

### **TOURNAMENT INFORMATION:**

*\$30 Mail In (Deadline is Wednesday October 14th), Online (at [www.pollishore.com](http://www.pollishore.com))*

*\$35 Walk-Ins Day of the Tournament*

***This is the final free tournament for the 2009 All Pay Wrestlers***

*Make Checks payable to: NYACE*

*Optional Weigh-Ins at Various Satellite Locations*

(Check [www.pollishore.com](http://www.pollishore.com) under the satellite link for the list sites.)

<u><b>DIVISIONS</b></u>	<u><b>START TIME</b></u>	<u><b>WEIGH-INS – 10/17</b></u>
DIV 1 3 <sup>rd</sup> Grade & Under	9:30 AM	7:30 - 8:30AM
DIV 2 6 <sup>th</sup> Grade & Under	9:30 AM	7:30 - 8:30AM
DIV 3 8 <sup>th</sup> Grade & Under	9:30 AM	7:30 - 8:30AM
DIV 4 12 <sup>th</sup> Grade & Under	9:30 AM	7:30 - 8:30AM

*MADISON WEIGHT CLASSES*

*AWARDS FOR: 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> Place*

**Tournament Rules:** Grade as of 2009-2010 School Year.

**Must wear a singlet or tight fitting shorts & t-shirt.**

**Time Periods:** Divisions 1 & 2 are 3 – One Minute Periods, OT is 1 – 0:30 – 0:30 – 0:30 (New Rules)

Divisions 3 & 4 are 3 – 90 Second Periods, OT is 1 – 0:30 – 0:30 – 0:30 (New Rules)

*For additional information contact:*

*Adam Polly by email at [adam@pollishore.com](mailto:adam@pollishore.com)*

**The Shore Conference Fall Classic 10/17/2009**

**REGISTRATION FORM (All fields must be filled out)**

**NAME:** \_\_\_\_\_ **School / Club:** \_\_\_\_\_

**Division - Circle One:**

Division 1            –            Division 2

Division 3            –            Division 4

**Tournament Staff Use Only**

**Paid:** \_\_\_\_\_

**Actual Weight:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

I hear-by declare that as a participant in this tournament I will enter at my own risk. I will not in any way hold liable the officials, coaches, Polli-Shore Tournaments, the hosting facility, or its employees for any injury that I may receive while in this tournament, or traveling to and from this tournament.

**Wrestlers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail To:** *Polli-Shore Tournaments*  
2207 Baker Drive  
Allentown, PA 18103