

NYACE & POLLI-SHORE WRESTLING PRESENT....

The Metropolitan Tournament of Champions

Sunday, November 15th, 2009

At Monsignor Farrell HS, NY

2900 Amboy Road, Staten Island, NY 10306

TOURNAMENT INFORMATION:

\$30 Mail In or Online Registration (at www.pollishore.com) Closes Friday at Midnight

\$35 Walk-Ins at weigh ins

Wrestling starts 9:30 am

Weigh ins 7:30am-8:30am Sunday, November 15, 2009

Make Checks payable to: NYACE

Divisions & Weights:

Elementary (Pre 6th Grade) {+1 lb} - 55, 60, 65, 70, 75, 80, 85, 90, 95, 100, 105, 112, 119, 125, 132, 160

Middle School (6th-8th Grades) {+2 lbs} - 70, 75, 80, 85, 90, 95, 100, 105, 112, 119, 127, 135, 142, 154, 165, 180, 230

High School (9th-12th Grades) {+3 lbs} - 103, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285

Open – Madison Weights

Tournament Rules:

Grades as of 2009-10 school year.

Must wear a singlet and headgear.

AWARDS FOR: 1st, 2nd, & 3rd Place

NFHS folkstyle wrestling rules.

Time Periods:

Elementary School Division - 1-1-1

Middle School Division - 1.15-1.15-1.15

High School Division - 1.30-1.30-1.30

For additional information contact:

Danny Mullan by email at danm@matguardusa.com

Adam Polly by email at adam@pollishore.com

The Metropolitan Tournament of Champions 11/15/2009

REGISTRATION FORM (All fields must be filled out)

NAME: _____

School / Club: _____

Division & Weight - Circle One:

Elementary (Pre 6 th Grade) {+1 LB.}					Middle School (6 th -8 th Grades) {+2 LBS.}					High School (9 th -12 th Grades) {+3 LBS.}				
55	60	65	70	75	70	75	80	85	90	103	112	119	125	130
80	85	90	95	100	95	100	105	112	119	135	140	145	152	160
105	112	119	125	132	127	135	142	154	165	171	189	215	285	
160					180	230								

Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ - _____ Grade(09-10): _____ Age: _____

Date of Birth: ____/____/____ 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: NYACE
2207 Baker Drive
Allentown, PA 18103