

**OLMSTED FALLS OPEN WRESTLING TOURNAMENT**  
**March 12-13, 2010**

**THIS TOURNAMENT IS A QUALIFIER FOR THE TOURNAMENT OF CHAMPIONS  
IN COLUMBUS. (TOP 3 QUALIFY)**

**WHERE: Olmsted Falls High School, 26939 Bagley Road- Olmsted Falls, Ohio 44138**

<b>TIMES:</b>	<b>7 &amp; Under</b>	<b>6:00 p.m. Friday March 12</b>
	<b>8 &amp; 9</b>	<b>6:00 p.m. Friday March 12</b>
	<b>10 &amp; 11</b>	<b>7:30 p.m. Friday March 12</b>
	<b>12 &amp; 13</b>	<b>8:30 a.m. Saturday March 13</b>
	<b>14 &amp; 15</b>	<b>10:15 a.m. Saturday March 13</b>
	<b>16 &amp; 18</b>	<b>12: 15 p.m. Saturday March 13</b>
	<b>OPEN</b>	<b>12:30 p.m. Saturday March 13</b>

**WEIGH-IN: Thursday: March 11, 2010 (From 4:30-7:00) You MUST be entered into the tournament by Thursday at 7:00 p.m. (WEIGHT CLASSES WILL BE FORMED AFTER WEIGH-INS.)**

**AWARDS: Top 4 finishers in each weight class will receive awards**

**ELIGIBILITY:**

- 1. AGE DAY OF TOURNAMENT**
- 2. SENIORS MUST COMPETE IN THE OPEN DIVISION**
- 3. IF A WRESTLER IS COMPETING IN TWO AGE DIVISIONS, 2 FORMS MUST BE FILLED OUT**

**ATHLETIC HOTLINE 440-427-6158- Tournament status # IN CASE of inclement weather**

**ENTRY FEE: \$20.00**

**MAKE CHECKS PAYABLE TO: Olmsted Falls Booster Club**

**MAIL TO: Bill McGrain, Olmsted Falls High School  
26939 Bagley Road  
Olmsted Falls, Ohio 44138**

**INFORMATION: Call: Tracey McGrain (440-427-6109 between 9:00-3:30 p.m. Daily) 330-483-6001 in the evenings but not after 9:30 p.m. No long distance calls will be returned.**

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**OLMSTED FALLS OPEN TOURNAMENT FORM (Please PRINT this form)**

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age Day of Tournament** \_\_\_\_\_

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

In consideration of your acceptance of my entry, I, intending to be legally bound, hereby for myself, my heirs, executor, and administrator, waive and release Olmsted Falls High School, Olmsted Falls Board of Education, the Olmsted Falls Booster Club, their agents, representatives, committees, and members from any claims or rights to damages for injuries or losses suffered by me directly or indirectly in training, or traveling, to or from competing in or attending the Olmsted Falls High School Open Tournament.

**Parent Signature:** \_\_\_\_\_ **Emergency Contact Phone Number/Cell** \_\_\_\_\_