

SUNSHINE OPEN TOURNAMENT

Saturday June 2, 2007

First Annual Sunshine Open Tournament will be at **Broadway High School** on Saturday, June 2, 2007.

Matches will take place outside weather permitting

Weigh-ins: Satellite weigh-ins must be in by 3:00 p.m. Friday June 1, there will be no weigh-ins Sat. morning. Wrestlers must check in by **9:00 a.m.** Sat.

Starting Time: All wrestling starts 10:00 a.m.

Admission: \$2.00 (ages 5 and under free)(No coaches passes excepted)

Entry Fee: \$20.00 per wrestler. Paid at check-in time. *(Please make checks payable to Broadway Wrestling)*

Divisions: Pee-wee - Second Grade and under **
Midget - Third through Fifth Grade**
Junior - 6th, 7th, 8th Grade**
Senior - Current Freshman through Seniors **
Open - College thru retirement age

**Weight classes will be determined after weigh-ins. A round robin format will be in use for each weight class. The overall record will be used to determine the winner. 3 mats will be in use all day.

Rules: Virginia High School League Rules will be followed. The length of each period will be one minute (1-1-1). A tie will result in a :30 sec. sudden death overtime period. The first point scored in overtime will end the match.

Awards: Medals will be awarded to the top three wrestlers in each weight class.

Food: A concession stand will be open all day with breakfast & lunch foods available.

Information/Questions: Chad Smith work (540)896-7081 or csmith@rockingham.k12.va.us or Anthony Slater, H (540) 820-7346, (Friday night) Fax (540)896-5082 anthony.slater@frazierquarry.com
(For directions- <http://www.rockingham.k12.va.us/BHS/bhs.htm>)

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Sunshine Open Tournament ENTRY FORM *(Please Print)*

NAME: _____ PHONE NUMBER: _____

Age: _____ Grade: _____ School: _____

To be filled in at weigh-ins: DIVISION & WEIGHT:

Pee-wee: _____ Midget: _____ Junior: _____ Senior: _____ Open: _____

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I, _____ (Parent/Guardian) give permission for _____ (wrestler) to participate in the Sunshine Open. I realize the sport of wrestling is very strenuous and demanding, therefore, I understand BHS and tournament organizers do not provide medical coverage or insurance for any participant. I hereby consent to the Parent/Guardian for being held responsible in the event of an accident/injury to my child/wrestler. I understand that every possible measure has/will be taken to prevent such accidents, and that they may still occur.

Signature Parent/Guardian: _____

Date: _____