

REUNION OF COACHES & OFFICIALS YOUTH WRESTLING TOURNAMENT

A terrific way to support the Colorado Chapter of the National Wrestling Hall of Fame. All proceeds will go directly to the Colorado Chapter and will be used to honor individuals associated with the sport of wrestling by presenting awards for: Lifetime Service to the Sport of Wrestling, Outstanding American from the State of Colorado, and the Medal of Courage. In addition, the Colorado Chapter honors all levels of wrestling in Colorado; college, high school, and youth.

Retired coaches, officials and mat maids from around the state are invited and encouraged to attend. You will be given the opportunity to renew old friendships and relive old memories.

More information contact: Lenny Bachicha 303-857-4333 or Mike Rieber 303-841-6179

Date: Sunday February 26, 2006	** AGE GROUPS & WEIGHT CLASS **
Location: Abe Lincoln HS 2285 S Federal Blvd Denver CO 80219	Wrestler MUST weigh-in wearing singlet or suitable under garments
Weigh In: Saturday February 25, 2006	6 & Under - Born in 1999 or later...
Weigh In Times: 2:00 pm to 5:00 pm	34, 38, 42, 46, 50, 54, 58, 62, 66, 76, 87 Max
Entry Fee: \$12	8 & Under - Born in 1997 or 1998...
Free Clinic: Sunday 8:30am	43, 48, 53, 58, 63, 68, 73, 78, 86, 94, 112, 130 Max
by: Pino Bachicha and Charlie White	10 & Under - Born in 1995 or 1996...
Start Time: 9:00 am Sunday	50, 56, 62, 68, 74, 80, 86, 92, 98, 104, 110, 110, 122, 134, 157, 184 Max
Style: Folk style	12 & Under - Born in 1993 or 1994...
Bracketing: Mat side	62, 69, 76, 83, 90, 97, 104, 111, 118, 125, 139, 153, 167, 197 Max
Admissions:	14 & Under - Born in 1991, or 1992...
Coaches, Officials & Mat Maids: Free	77, 84, 91, 98, 105, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171,
Adults \$3 Students \$2 Under 5 Free	189, 215, 256 Max
Awards: 1st, 2nd, 3rd, 4th place medals	
Time Periods: 1-1-1 6's, 8's, & 10's	RULES: -WSWL Sactionioned Tournament and rules.
1.5-1.5-1.5 12's & 14's	-Mandatory rest period between matches

FILL OUT ENTRY FORM AND BRING TO WEIGH INS PLEASE TYPE OR PRINT LEGIBLY.
ENTRY FORM MUST BE COMPLETE AND INCLUDE PAYMENT

-Head Gear Required - No Double Bracketing
-NO High School Wrestlers, regardless of age.

Wrestler Name	Birth date	Age Group	Weight	Official USE
First & Last	MM/DD/YR	6/8/10/12/14	Class	Actual Weight
_____	____/____/____	_____	_____	_____

WRESTERS TEAM NAME _____ COACHES NAME _____

Parents Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Phone: (____) _____ E-Mail Address: _____

I hereby authorize National Wrestling Hall of Fame Colorado Chapter, to act according to their best judgment in any emergency requiring medical attention and release, National Wrestling Hall of Fame Colorado Chapter, and its entire staff from liability for any illness or injury incurred at the event.

(Print) Guardians Name: _____ Signature: _____