9th Annual Holiday Havoc Sunday, December 5, 2021

Jackson High School, 500 Vaughn Street, Jackson, Ohio

NOVICE (Weigh In 7:30am - 9:00am Wrestle at 10am)

Must have less than 3 years' experience and have not competed in the ANY State Tournament

Division	Age as of 12/1/21	Weigh In	Wrestling
1	Under 6	7:30-9am	10am
2	7-8	7:30-9am	10am
3	9-10	7:30-9am	10am
4	11-12	7:30-9am	10am
OPEN (Weigh In 7:30am - 11am - Wrestle at 12pm)			
Division	Age as of 12/1/21	Weigh In	Wrestling
1	Under 6	/7:30-11am	12pm
2	7-8	7:30-11am	12pm
3	9-10	7:30-11am	12pm
4	11-12	7:30-11am	12pm
Entry Fee: \$20 pre-registration for one division/\$35 for both. \$25/\$40 walk In Day of Event.			
Payable at Weigh In. All wrestlers must weigh in.			
Registration:	Email this form to boliver 200 area	idrunner.com	
	Pre-registration deadline is 8pm, Fr	riday, December 3, 2021	
Awards:	Medals for top 3 in each division		
	Team Trophies for Top 3 Open Div	ision	
Match Length:	3-1 minute periods. All neutral starting positions. 10 point Tech Fall, Overtime is 1 minute		
	Sudden Victory followed by a 30 second tie breaker if necessary. We will be using 4 mats		
	and a Medina Board.		
Weight Classes:	Weight Classes will be established once everyone weighs in. Wrestlers will be grouped in		
	pools based on weight and division with no more than a 11% weight differential without		
	permission from a coach or parent.		
	MODIFIED SCHO	LASTIC RULES	
Admission:	Adult \$5 Student \$3 Min	ily \$10	AND DESCRIPTION OF THE PERSON
Concessions:	Concessions will be available. No C	rock Bots or electrical devic	es permitted.
	No food is permitted in the gym # w	ater only.	
Contact Information:	Submit all inquiries to boliver 2007		
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By submitting this entry, I agree to be legally bound for myself, no deirs, no executors, and administrators, waive and release Jackson High			
School, Jackson City Schools, its administrators, tournament officials, tournament directors, workers and all representatives from any and all claims to rights of damages for any injury suffered by me directly or injury type as a result of participation in this tournament.			
an claims to rights of units	gestor may injury suitered by me an early or	and the same of participant	
Please Select:	Novice Open	Both_	
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Name:		OB: Age:	Division:
FILE OF STREET			
Team:	Phone:	Mail:	
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Signature of Parent:		Date:	
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