



VETERANS APPRECIATION TOURNAMENT

Sponsored by the West Virginia Army National Guard



Sunday November 12, 2023

Tournament will be run in 2 sessions. **We will start on time for all sessions and run quickly!!!**

Location: Roane County High School, 1 Raider Way, Spencer, WV 25276

DIVISION	WEIGHT CLASSES	WEIGH-IN	START TIME
6U:	40, 45, 50, 55, 60, HWT	7:00-9:00 a.m.	10:00 a.m.
8U:	45, 50, 55, 60, 65, 70, 75, 85, HWT	7:00-9:00 a.m.	10:00 a.m.
10U:	55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 125, HWT	7:00-9:00 a.m.	10:00 a.m.
12U:	65, 70, 75, 80, 85, 90, 95, 100, 105, 115, 125, 135, 145, 160, HWT	7:00-12:00 p.m.	1:00 p.m.
JUNIOR HIGH (7-8 GRADE)	70 - 78 - 86 - 94 - 102 - 110 - 116 - 123 - 128 - 135 - 145 - 155 - 171 - 190 - 215 - 285	7:00-12:00 p.m.	1:00 p.m.
HIGH SCHOOL (9-12 GRADE)	106 - 113 - 120 - 126 - 132 - 138 - 144 - 150 - 157 - 165 - 175 - 190 - 215 - 285	7:00-12:00 p.m.	1:00 p.m.

Age as of day of tournament

Awards: 1st - 4th receive awards.

Entry Fee: \$25 Preregistration - **NO Walk-ins will be accepted**- \$15 Additional class (must move up division)

PreRegistrations: Due by Email No Later Than **November 7** to AlphaCompete@gmail.com

Match Length: 3 -1 minute periods (Choice for 2nd & 3rd periods). 10 pt TECH FALL. OT 1 minute sudden victory if no points scored / 30 sec. ride-out (flip for choice).

Rules: Modified Scholastic Rules will be used for all divisions. Tournament will be double elimination or round robin. Tournament Director reserves the right to combine weight classes upon need.

Admission: \$5 Adult (13 and older), \$3 (12 & Under)

Concessions: Will be served all day. No coolers, crockpots or carry-ins.

Contact Information: Scott Tolley: AlphaCompete@gmail.com, Phone/Text: (304) 380-7609

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Roane County High School, Alpha Wrestling LLC, tournament officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

NAME _____ AGE _____ BIRTHDATE _____

PHONE: _____ E-MAIL: _____

AGE DIVISION _____ WT CLASS _____

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____