

31st Annual Mineral Wells Invitational

Date: January 4th & Duals to follow on Jan. 5th 2025

Location: 5013 Briscoe Rd Vienna, W.V. 26105

Registration: Call-ins & email only. Accepted until Thursday Jan 2nd by 9:00pm. No walk-ins will be accepted.

Entry Fee: \$35 per single entry, or \$30 per entry of teams with 10 or more wrestlers. \$15 per additional class & must move up an age division.

Admission: \$5.00 adults \$3.00 children. (3 & under free)

Split Session: 4U, 6U & 8U morning session; 10U & 12U afternoon session.

Start Time: Morning session 10am; Afternoon Session 1pm. Scratch meetings 9am & 12pm.

Weigh-Ins: Early weigh-ins are on Friday, Jan. 3rd from 6:00pm-8:00pm & Saturday, Jan. 4th 7:00am-8:00am at 5013 Briscoe Rd Vienna, W.V. 26105

Rules: Modified High School **Double Elimination** Bout times- Three 1 min periods. Age as of date of tournament. We reserve the right to combine weight classes.

Awards: 1st place will receive a champion singlet. 2nd, 3rd & 4th will receive custom medals.

Please no outside food. Concessions will be available all day. Breakfast food is also available.

Cash & Check only. Make checks payable to: Mineral Wells Bulldawgs Wrestling.

Email: mwbulldawgs@yahoo.com

Contacts: Savannah Gainer 304-966-6659 Sierra Wilfong 304-481-4402

Weight Classes:

4U: 35, 40, 45, 50, HWT

6U: 40, 45, 50, 55, 60, 70, HWT

8U: 45, 50, 55, 60, 65, 70, 75, 85, 105, HWT

10U: 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 115, 130, HWT

12U: 70, 75, 80, 85, 90, 95, 100, 110, 125, 140, HWT

Name: _____ Team: _____

Address: _____ City: _____ State: _____



Zip: _____

Birthday: ____/____/____ Age: _____ Tel# _____

I hereby give my permission to the child listed on the form to wrestle in the 30th Annual Mineral Wells Invitational. Your signature below releases all sponsoring bodies, their officials and referees from any and all legal claims or rights to damages for injuries or losses suffered by my child or myself directly or indirectly while training for, traveling to and from, or participating in this event.

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature: _____