

# Bethpage Championship Tournament

Saturday February 28, 2009

Bethpage High School, Cherry Ave Bethpage NY 11714

**Division & Times:** Pee-wee K-Under 8:00 Bantam 1<sup>st</sup> & 2nd 9:00

Intermediate 3<sup>rd</sup> & 4<sup>th</sup> 10:30, Novice 5<sup>th</sup> & 6<sup>th</sup> 12:00, Schoolboy 7<sup>th</sup> & 8<sup>th</sup> 1:30

**ALL WRESTLERS MUST ARRIVE 30 MINUTES PRIOR TO STAGGERED START TIMES**

## Registration Information

PRESENT APPLICATION TO YOUR COACHES AND FORWARD TO MIKE DUSOLD 6 LAURIE BLVD BETHPAGE NY, 11714 BY 2.24.09, OR CALL TO ARRANGE TEAM DROP OFF AT 516-754-2500. ENTRY FEE \$25.00. Checks payable to Bethpage PAL Wrestling

Any additional questions please call John Liberopoulos at 516-835-1399

## Format

**USA CARD MANDATORY** Weigh- Ins Via honor system (challengeable).

4-5 man Round Robin. High School rules apply. 4 coaching passes per team

Admission: Adults 3.00 Children 1.00

Food: Concession stand will be available all day

Awards: K-2 Medal for all participants. 3 -8 first place T-shirt only

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**Waiver:** I am the parent/guardian of the below wrestler and give my permission for him/her to compete in the Bethpage Championship Tournament on the above date. I hereby release BUFSD/PAL, coaches, trainers, referees and volunteers from liability incurred in this tournament or on school grounds. I also acknowledge that I have adequate medical coverage in case of possible injury.

NAME \_\_\_\_\_ USA CARD# \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Coach rating(not parent) **1 2 3 4 5**

Street \_\_\_\_\_ City \_\_\_\_\_ State zip \_\_\_\_\_

Telephone \_\_\_\_\_ Years experience \_\_\_\_\_ Weight \_\_\_\_\_

Club name \_\_\_\_\_

Parents/guardian/Participants

Signature \_\_\_\_\_ Date \_\_\_\_\_