

3rd Annual Locust Valley Folkstyle Challenge

Locust Valley Sr./Middle School

99 Horse Hollow Road, Locust Valley, N.Y. 11560

DATE: May 22nd,2011

Open to all – ages 10 and under through High School

All participants must have a current U.S.A. wrestling card - No exceptions!

Maximum Participants 300 – Walk-ins Welcome

4 Full Mats with Official Referees

DIVISIONS: **10 and under**, Weigh-ins 7-8AM – Wrestling Begins at 9AM (3-6 man round robin)
11-12, Weigh-ins 7-8AM – Wrestling Begins at 9AM (3-6 man round robin)
13-14 (No 9th grade), Weigh-ins 7-8AM – Wrestling Begins at 9AM (3-6 man round robin)

High School grades 9-12, Weigh-ins 9:30-10:30AM – Wrestling Begins at 11:30AM
(8 man brackets with full wrestle backs to 3rd/4th) (Includes graduating seniors & 7th/8th graders with varsity experience)

WEIGH-INS: Madison System - will take place the day of the tournament. Weight classes will be determined after weigh-ins.

AWARDS: 1st - 3rd place medals

RULES: Folkstyle - NYS High School Scholastic Rules

BOUTS: 9-14 years of age 1.5-1-1 periods / High School 1-1.5-1.5 periods (Wrestle backs 1-1-1)
Over Time: 1st period -30 second sudden death, 2nd period - 30 second ride out – all divisions

ADMISSION WILL BE CHARGED AT THE DOOR: \$3 adults, \$1 students / Food will be available all day

WRESTLERS REGISTRATION FEE: \$20.00 if received by May 20th, 2011 or \$25.00 for walk-ins
Mail completed registrations to: **Brian Ward, 3 Howard Road, Bayville, NY 11709**
Checks made payable to **Oak Neck Athletic Council**

CONTACT: For further information contact: bward@optonline.net Brian Ward (516) 446-1467,
mjbriody1@yahoo.com Mike Briody (347) 572-3339, dobrien@bkrmanagement.com Dave O'Brien (917) 270-2252, teamdolce@optonline.net Mark DeNatale (917) 691-3304 or Mike Dusold
ndusold@optonline.net Mike Dusold (516) 754-2500

Waiver: I am the parent/guardian of the above wrestler and give my permission for him/her to compete in the Locust Valley Tournament on the above date. I hereby release LVM/HS Central School Dist #3, 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.....USAW CARD #.....

DATE OF BIRTH.....DIVISION.....WEIGHT.....TELEPHONE.....

STREET.....CITY.....STATES.....ZIP.....

Club Name & County/State Achievements (for separation)

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(Participant's or Parent's (Signature of legal guardian)

(Print Name)

DATE