15th Annual Trinity Odd-Age **** OPEN WRESTLING TOURNAMENT****

		Division: City:		Actual Weight:	
Name:		Division:	Weight:	Actual Weight:	
Enter & Write Below To Confirm.	11 & Under Jr High	60, 65, 70, 75, 80, 85, 90, 95, 10 77, 82, 89, 96, 103, 110, 117, 12			
And weight class You Want To	9 & Under	& Under 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 120, 150 Max			
Circle Division	5 & Under 7 & Under	35, 40, 45, 50, 55, 60, 65, 75, 85			
15 th Annual	Trinity Odd	l-Age Tournament	Sun	iday February 4 , 2024	
Awards: Custom Medals for top 4 place winners. Hoodies for champions.					
only		Adults \$10.00 Concessions and Hot food will be available all day including breakfast. Use designated eating area only. NO FOOD OR DRINK IS PERMITTED IN GYMNASIUMS. Trinity Area School District is tobacco free. No smoking or tobacco on school grounds.			
reihnerpe@gma	il.com.		4		
	Febru	nary 1, 2024. NO Exceptions. No Wa		restler limit. Double entry is permitted in act Paul Reihner- email-	
		Entry Fee is \$40 Online Registration Only. Entries must be received by 10:00PM Thursday https://pywrestling.com/trinity-odd-age-tournament-24-or.html			
Weigh-Ins:	2-4-2	2-3-24 6:00PM-8:00PM All Divisions 2-4-24 6:30AM-7:30 AM All Divisions 2-4-24 12:00 PM-1:00PM 7 & Under, 11 & Under,			
Sile fir are		ified PIAA Rules. Double elimination format with true second. All wrestlers must make weight. This is a not Tournament. Wrestler must wrestle to receive award. Decision of Referees and Tournament Director are l. All matches will be (1,1,1) except junior High(1:30, 1:30, 1:30). ALL consolation matches (1,1,1) All overtime 1:00 with :30 rideout. Brackets may be combined or split upon the tournament ctor's discretion.			
		Division determined by age as of $12/31/23$. Proof of age will be required if challenged; challenging wrestlers also provide proof of age.			
Start Time:		3:30 AM – 5 & Under, 9 & Under and Jr High ::30 PM – 7 & Under, 11 & Under			
Location: Trinit		ity Area SR High School, 231 Park Ave. Washington, PA 15301 (Gym Entrance at rear of School)			

Parent Or Guardian Signature:______ Date:______