8th Annual Winter Storm Round Robin It's All About the Mat Time!

| Date: Place: | Sunday, December 15, 2024 Keyser High School, 328 One Tornado Way, Keyser, WV 26726 (20 Miles South of Cumberland, MD.) | | |
|---|---|--|----------------------------|
| Weights: | Madison weights – brackets will be based on weight at weigh-ins. Every effort will be made to make $4 - man$ round robin brackets by weight. | | |
| Weigh-Ins: | Sunday, December 15 th - Indicated below per age group. | | |
| Group: 13 to 15 11 & 12 9 & 10 7 & 8 6 & Under | Weigh-In Time: 7:30 AM – 8:15 AM 9:00 AM – 9:45 AM 10:30 AM – 11:15 AM 12:00 PM – 12:45 PM 1:30 PM – 2:15 PM | Approximate Wrestling 9:00 AM 10:30 AM 12:00 PM 1:30 PM 3:00 PM | Time: |
| Eligibility: | Age as of January 1, 2024. No Varsity Experience. Wrestling shoes required. | | |
| Entry Fee: Rules/Misc: | Mail-In/Email Registration \$25. Email entries to All entries must be received by <u>Thursday, Dec. 12, 7</u> Double entries at higher age bracket and additional No refunds. Make checks payable to: <u>Keyser Grapp</u> Proof of age required if challenged. Referee's decisions are FINAL. Unsportsmanlike conduct will result in expu- Head gear optional. Period times: 1:00 – 1:30 – 1:30 (13 to 15) Overtime: 1:00 then :30 (all divisions) | 2 <u>024</u> . \$15. olers' Association Ilsion from the tournament. | |
| Awards: | Individual Medals $1^{st} - 3^{rd}$ Places. | | |
| Admission: | Adults \$5Students \$3One Coach per 10Light Concessions served all day. Coach's Hospital | | |
| Entries: | Mail: Amber Rotruck Attention: Grapplers AssociaEmail:kgawrestling@gmail.com(confirm) | | r, WV 26726 |
| Tournament I | Director Info: Amber Rotruck 304-813-5232 La | ura Holland 304-813-0286 | |
| | ht: Birth Date: | &12 13-15 | For Tournament Use Only: |
| Team: | Yrs. Wrestled & Reco | rd: entry, I release Keyser Grapplers' Associat | ion, tournament directors, |

coaches, sponsors, KHS, and anyone connected with Keyser Grapplers' Association from all claims or rights to damages for injuries or losses suffered by the above named wrestler at this tournament.

Parent/Guardian Signature: _____ Date: _____