



# TRI-STATE TUSSLE

*presented by RTL Wrestling Club*

*Saturday July 20, 2024*



**Location:** Clark Montessori High School, 330 Erie Avenue, Cincinnati, OH 45208

**\*\*\*AGE DIVISION IS BASED ON AGE ON DAY OF TOURNAMENT\*\*\***

DIVISION	WEIGHT CLASSES	WEIGH-IN	WRESTLE
D1: 6 & UNDER	WEIGHT CLASSES WILL BE DETERMINED	7:00-9:00 a.m.	10:00 a.m.
D2: 7-8	AFTER WEIGH-INS. NO WRESTLER WILL	7:00-9:00 a.m.	10:00 a.m.
D3: 9-10	WRESTLE ANYONE MORE THAN 13% HEAVIER	7:00-9:00 a.m.	10:00 a.m.
D4: 11-12	WITHOUT PARENT OR COACH PERMISSION	7:00-9:00 a.m.	10:00 a.m.
D5: JUNIOR HIGH		7:00-11:00 a.m.	12:00 p.m.
D6: HIGH SCHOOL		7:00-11:00 a.m.	12:00 p.m.
D7: MASTERS (18+)		7:00-11:00 a.m.	12:00 p.m.
G1: GIRLS 8 & UNDER		7:00-11:00 a.m.	12:00 p.m.
G2: GIRLS 12 & UNDER		7:00-11:00 a.m.	12:00 p.m.
G3: GIRLS JUNIOR HIGH		7:00-9:00 a.m.	10:00 a.m.
G4: GIRLS HIGH SCHOOL		7:00-9:00 a.m.	10:00 a.m.

**Registration:** Pre-Register on <https://aplustournaments.square.site/> **by Friday July 19 at 8:59 pm** OR walk-in registration at the tournament

**Entry Fee:** Preregister on A+ site **by Friday July 19 at 8:59 pm** = \$25 entry fee.  
Walk in registration at Weigh-ins = \$30 entry fee

**Awards:** Trophies for 1<sup>st</sup> and 2<sup>nd</sup>. Medals for 3<sup>rd</sup>-4<sup>th</sup>

**Match Length:** 3 -1 minute periods. 10 pt TECH FALL. OT 1 minute sudden victory if no points scored / 30 sec. ride-out, flip for choice.

**Rules:** We will be using the newly adopted NFHS rules for out of bounds, 3 point takedowns, and 2-4 points for nearfall.

**Admission:** 13 & Over = \$5 – 12 & Under = FREE

**Contact Information:** Ric Roe: [ricroe7408911970@gmail.com](mailto:ricroe7408911970@gmail.com) Phone/Text: 740-891-1970

**For Details & Updates:** <https://aplustournaments.square.site/>

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Clark Montessori High School, Cincinnati Public Schools, A+ Sportswear, tournament officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE : \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

DIVISION \_\_\_\_\_ WT CLASS \_\_\_\_\_

SIGNATURE OF ATHLETE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_