Trinity "Hiller Classic" 2025 **First Year Tournament**

Date:	Sunda	y, January 12, 2025			
Location:	Trinity	Area SR High School, 231 Pa	rk Ave. Washington, PA 15301	e. Washington, PA 15301 (Gym Entrance at rear of School)	
Start Time:	9:00 A	- All Ages			
Eligibility:	Challe	Age Division determined by age as of 12/31/2024. Proof of age will be required if challenged. Challenging wrestlers must also provide proof of age. Must be a first year wrestler. <u>No matches – no tournaments before 11/1/2024.</u>			
Rules:	Silent are fin Sudder Brack	Modified PIAA Rules. Double elimination format with true second. All wrestlers must make weight. This is a Silent Tournament. Wrestlers must wrestle to receive awards. Decision of Referees and Tournament Director are final. All matches will be (1,1,1) ALL consolation matches are (1,1,1) All overtime 1:00 with :30 ride-out Sudden Death. Brackets may be combined or split at the tournament directors discretion, No true second in the first year tournament.			
Weigh-Ins: 1-11-25 4:30PM-5:30 PM All Divisions (Auxiliary Gym) 1-12-25 7:00 AM - 8:00 AM All Divisions (Auxiliary Gym)					
Entry:	try: Entry Fee is \$40 Online Registration per entry.				
Admission:	 Entries must be received by 10PM Thursday January 9, 2025. NO Exceptions. No Walk in Registration. 300 wrestler limit. Double entry is permitted in different age divisions for two entry fees. NO REFUNDS. For questions contact Paul Reihner- email- reihnerpe@gmail.com. Adults \$10.00, Students are Free. Concessions and Hot food will be available all day including breakfast. Use 				
			ting areas only. NO FOOD OR DRINK IS PERMITTED IN GYMNASIUMS. Trinity Area School District . No Smoking or tobacco on school grounds.		
Awards:	ards: Large Custom medals for places 1 st – 4 th . Hoodies for the Champions.				
Trinity First	t Year			Sunday, January 12, 2025	
Circle division And weight class	6&U Under 8&U Under 10.% Under	35, 40, 45, 50, 55, 60, 65 45, 50, 55, 60, 65, 70, 75	, 80, 90, 100, 120 Max		
You Want To Enter & Write Below To Confirm.	10 & Under	nder 55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 120, 150 Max			
Name:					
Division:		Weight:	Actual Weight		

______City:______State:_____Zip Code:______ Address:_

 Phone:
 Team:
 Birth Date:

 I/We hereby in accepting entry intend to be legally bound hereby for myself, my heirs, and assigns, and agree to waive any and all claims and indemnify and hold harmless the Trinity Area School District, the Trinity Wrestling Club, and anyone connected with this tournament for any injuries, or damages I may have which occur

 during this tournament, or while traveling to or from this tournament.