

# 9th Annual SAA Novice Wrestling Tournament

Check out our website: <http://www.saawrestling.com>

**Date:** Sunday, February 7, 2010  
**Place:** Kennard-Dale High School, Rt 851, Fawn Grove, PA (30 mins south of York).  
**Weigh-Ins:** Everyone weighs-in in the gym in singlet or shorts (see times below).  
**Times:** Please arrive no later than ½ hour before your designated start time below (age as of 2/7/10):

6 and Under	9 am
7 –8	11 am
9 – 10	1 pm
11 – 12	1 pm
13 – 15	1 pm (No Varsity Experience)

**Rules:** This is strictly a **NOVICE** tournament for 1<sup>st</sup> and 2<sup>nd</sup> year wrestlers only! Any wrestler found to have over two years experience will be disqualified without refund & not permitted to wrestle. Coaches should verify wrestler's experience. All participants, coaches and parents shall show good sportsmanship. Referee's decisions are final. Unsportsmanlike behavior will not be tolerated as it may result in removal from SESD premises. Registration and fees are not refundable.  
**Experienced coaches will perform refereeing.** At the start of each session, all wrestlers will be lined up according to weight and put into groups of 4 (hopefully guaranteeing each wrestler three matches). All bout lengths will be: 1-1-1. Singlets are preferred and headgear is optional.  
Spectator costs: Adults - \$5, Students - \$2, Pre-school - Free. Food will be available all day in the cafeteria. This is intended to be a **FUN** and **REWARDING** experience for all wrestlers!

**Awards:** **ALL** wrestlers will receive medals.

**Entry Fee:** \$15.00 must accompany this application. Make Checks Payable To: SAA Wrestling

**Deadline:** Postmarked **NO LATER** than January 30th, 2009.  
Walk-ins will be accepted at the door for an entry fee of \$20.00 each.

**Mail To:** SAA Wrestling  
PO Box 252  
Stewartstown, PA 17363-0252  
**For Info:** Bill Wilson (717) 993-3521; [billswayout800@yahoo.com](mailto:billswayout800@yahoo.com)  
Gary Lantz (717) 456-7071; [glantzsr@nfdc.net](mailto:glantzsr@nfdc.net)

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9th Annual SAA Novice Tournament - Entry Form - Sunday, February 7, 2010

NAME: \_\_\_\_\_ Age: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TEAM: \_\_\_\_\_

I hereby release the Southeastern Amateur Athletes (SAA) organization, tournament officials, referees, coaches, and other personnel associated with the wrestling tournament, for any and all injuries that I may receive, of any and all losses that may incur, directly or indirectly, from training, for travel to or from, or participation in this SAA Novice Wrestling Tournament.

WRESTLER'S SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_