

# INAUGURAL COACH STEVE WHITE MEMORIAL WRESTLING TOURNAMENT

## \*\*\*NEW GIRLS DIVISION\*\*\*

DATE: SUNDAY - FEBRUARY 20,2022  
LOCATION: SOUTH CHARLESTON COMMUNITY CENTER – 601 JEFFERSON ROAD SOUTH CHARLESTON WV 25309  
ENTRY FEE: \$25.00 / \$15.00 – 2<sup>ND</sup> WEIGHT CLASS (YOU MUST WRESTLE UP IN AGE FOR 2<sup>ND</sup> WEIGHT CLASS)  
GIRLS CAN WRESTLE IN BOTH GIRLS AND OPEN DIVISIONS WITHOUT MOVING UP IN AGE.

MAKE CHECKS PAYABLE TO: NITRO YOUTH WRESTLING  
MAIL WITH PAYMENT TO: DENISE RICHMOND 5327 STRANAHAN DRIVE CHARLESTON, WV 25313  
PAYPAL: [NITROYOUTHWRESTLING@GMAIL.COM](mailto:NITROYOUTHWRESTLING@GMAIL.COM) – MAKE SURE TO NOTE THE WRESTLER(S) NAME  
PLEASE HAVE ALL ENTRIES TO US BY FEBRUARY 14, 2022

GATE FEE: \$5.00 ADULTS / \$3.00 CHILDREN  
QUESTIONS: MIKE BURKE (304) 421-1655 OR DENISE RICHMOND (304) 541-3156

WEIGH INS: SATURDAY FEBRUARY 19, 2022 6PM-8PM & SUNDAY FEBRUARY 20, 2022 7AM-9AM  
SCTRATCH MEETING: APPROXIMATELY 9:30 A.M. WRESTLING WILL BEGIN: APPROXIMATELY AT 1030 A.M.

RULES: MATCHES ARE 3 ONE MINUTE PERIODS & SCHOLASTIC RULES APPLY IN OVERTIME. LIMIT OF 2 ENTRIES PER WRESTLER.  
BE READY TO WRESTLE WHEN CALLED! WE RESERVE THE RIGHT TO COMBINE WEIGHT CLASSES IF NEEDED. NO WEIGHT ALLOWANCE WILL BE GIVEN.

AWARDS: INDIVIDUAL TROPHIES 1<sup>ST</sup> PLACE THRU 4<sup>TH</sup> PLACE. TEAM TROPHIES : 1<sup>ST</sup> PLACE THRU 4<sup>TH</sup> PLACE.

### WEIGHT CLASSES

GIRLS DIVISIONS - MADISON SYSTEM WRESTLERS WILL BE GROUPED BY AGE/WEIGHT AFTER WEIGH INS  
OPEN DIVISIONS -  
4 & UNDER 35,40,45,50, HWT 6 & UNDER 40,45,50,55,60, HWT  
8 & UNDER 45,50,55,60,65,70,75,85, HWT 10 & UNDER 55,60,65,70,75,80,85,90,95,105,125, HWT  
12 & UNDER 65,70,75,80,85,90,95,100,105,115,125,135,145,160, HWT

**\*AGE AS OF JANUARY 1, 2022\***

CUT AND MAIL LOWER PORTION WITH PAYMENT MAIL WITH PAYMENT TO:  
DENISE RICHMOND 5327 STRANAHAN DRIVE CHARLESTON, WV 25313

IF PAYING BY PAYPAL YOU MUST EMAIL THE ENTRY FORM TO: [NITROYOUTHWRESTLING@GMAIL.COM](mailto:NITROYOUTHWRESTLING@GMAIL.COM)

WRESTLERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ ACTUAL WEIGHT: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_ WEIGHT CLASS: \_\_\_\_\_

2<sup>ND</sup> AGE GROUP: \_\_\_\_\_ 2<sup>ND</sup> WEIGHT CLASS: \_\_\_\_\_ TEAM: \_\_\_\_\_

PLEASE ENTER MY CHILD IN THE COACH STEVE WHITE MEMORIAL WRESTLING TOURNAMENT. IN CONSIDERATION OF YOUR ACCEPTANCE OF THE ENTRY, I EXTEND TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS, AND ASSIGN AND WAIVE ALL CLAIMS TO DAMAGES, WHICH I HAVE AGAINST THE SPONSORS OF THE TOURNAMENT, SOUTH CHARLESTON COMMUNITY CENTER AND THE COMMITTEE IN CHARGE.

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WRESTLERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_