

GHOULS AND GRAPPLERS

HALLOWEEN TOURNAMENT

LOCATION:
1 RAIDER WAY
(ROANE COUNTY HIGH SCHOOL)
SPENCER, WV

SATURDAY,
OCTOBER 26, 2024

PRE-REGISTER BY OCT. 15

DIVISION	WEIGHT CLASSES	WEIGH-IN	START TIME
4U	35, 40, 45, 50, HWT	7:00-9:00 a.m.	10:00 a.m.
6U	40, 45, 50, 55, 60, HWT	7:00-9:00 a.m.	10:00 a.m.
8U	45, 50, 55, 60, 65, 70, 75, 85, HWT	7:00-9:00 a.m.	10:00 a.m.
10U	55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 125, HWT	7:00-9:00 a.m.	10:00 a.m.
NOVICE 6U	40, 45, 50, 55, 60, HWT	7:00-9:00 a.m.	10:00 a.m.
NOVICE 8U	45, 50, 55, 60, 65, 70, 75, 85, HWT	7:00-9:00 a.m.	10:00 a.m.
NOVICE 10U	55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 125, HWT	7:00-9:00 a.m.	10:00 a.m.
12U	65, 70, 75, 80, 85, 90, 95, 100, 105, 115, 125, 135, 145, 160, HWT	7:00AM-NOON	1:00 p.m.
GRADES 7 & 8	70, 78, 86, 94, 102, 110, 116, 123, 128, 135, 145, 155, 171, 190, 215, 285	7:00AM-NOON	1:00 p.m.
HIGH SCHOOL	106, 113, 120, 126, 132, 138, 144, 150, 157, 165, 175, 190, 215, 285	7:00AM-NOON	1:00 p.m.

Awards: Champions - custom Ghouls & Goblins singlet. Novice champs - trophy. All others - 2nd-4th receive medals.

Entry Fee: \$35 Pre-registration - \$45 Walk-In **T-shirt with Tournament Logo:** \$20 Pre-order - \$25 day of tournament

Pre-Registrations Due: Email by October 15th to RoaneWrestlingBoosters@outlook.com. Payment due by October 22nd. Mail payment to: *Roane Wrestling Boosters, C/O Sherri Roberts, 144 Charles Fork Rd., Spencer, WV, 25276.*

Match Length: 3 -1 minute periods (flip for choice 2nd/3rd). 10 pt TECH FALL. OT 1 minute sudden victory; if no points scored, then 30 sec. ride-out (flip for choice).

Rules: Modified Scholastic Rules for all divisions. Double elimination or round robin. Tournament organizers reserve the right to combine weight classes upon need.

Admission: \$10 Adult (13 and older), FREE (12 & Under)

Concessions: Will be served all day. No coolers, crockpots or carry-ins.

Contact Information: Sherri Roberts at email/address above OR call/text (304) 382 6920.

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Roane County Wrestling Boosters, tshirt vendors, awards vendors, tournament officials, tournament directors/organizers, 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.

Wrestler Name: _____ // Age: _____ // Birthdate: _____

Phone: _____ // Email: _____

Division: _____ // Weight Class: _____ // T-shirt size (if pre-order): _____ circle: Adult Youth

Signature of Athlete: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Total Due (registration + tshirt): \$ _____