

# **HAYFIELD HIGHFLYERS**

## ***INDIVIDUAL-NYWA DISTRICT QUALIFIER***

**WHEN:** Saturday March 20, 2010

**WHERE:** Hayfield High School (New Gym), enter through the S.E. door in the back of the building

**GRADES:** Kindergarten – 8<sup>th</sup> Grade

**WEIGH INS:** 8:00-9:00 am (Pre K-2<sup>nd</sup>)

8:00-9:30 (3<sup>rd</sup> – 8<sup>th</sup>)

NYWA weight brackets will be used.

\*\*\*\* THE TENTHS WILL NOT BE COVERED UP\*\*\*\*

**Kindergarten:** (40 & under) (41-45) (46-50) (51-55) (56-60) (61-65) (66-70) (71-75) (76-105 max)

**Grades 1-2:** (45 & under) (46-50) (51-54) (55-57) (58-61)  
(62-65) (66-70) (71-75) (76-80) (81-85) (86-90) (91-130 max)

**Grades 3-4:** (55 & under) (56-60) (61-64) (65-68) (69-72)  
(73-76) (77-80) (81-85) (86-90) (91-95) (96-100) (101-105) (106-110) (111-115) (116-155 max)

**Grades 5-6:** (65 & under) (66-70) (71-75) (76-80) (81-84)  
(85-88) (89-93) (94-97) (98-102) (103-108) (109-115) (116-120) (121-130) (131-140) (141-155) (156-215 max)

**Grades 7-8:** (80 & under) (81-85) (86-90) (91-95) (96-100) (101-105) (106-110) (111-115) (116-120) (121-125) (126-130)  
(131-135) (136-140) (141-150) (151-160) (161-235 max)

**WRESTLING STARTS:** 10:00 SHARP!!!

**ENTRY FEE:** \$12.00 at the door. NO PRE-REGISTRATIONS

❖ This is an NYWA sanctioned tournament. All wrestlers must have current NYWA Membership to participate. Memberships will be available for \$14 at the door.

**AWARDS:** 1<sup>st</sup> Place District Champior: T-shirt, 2<sup>nd</sup>-4<sup>th</sup> medals

**ADMISSION:** \$3.00 Adults, \$1.00 Students

### **TOURNAMENT PROCEDURES:**

- Four man (when possible) round robin
- Kindergarten – 6<sup>th</sup> matches will be 3-1minute periods
- 7<sup>th</sup> & 8<sup>th</sup> grade matches will be 3-1 ½ minute periods
- High School rules apply

Please make checks payable to **HAYFIELD HIGHFLYERS, No Refunds.**

**QUESTIONS:** Call Brad Heydt at 507-438-1862 or Rich Rieken at 507-477-2000

**CANCELLATION:** Tune to Rochester's KROC 106.9 FM station for bad weather, no refunds

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**Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **NYWA Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Wrestling Club:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I give \_\_\_\_\_ permission to participate in the Hayfield Highflyers Wrestling Tournament. I will not hold the Hayfield Highflyers Wrestling Club or the Hayfield School District responsible for any injuries. I have read and understand the page outlining the tournament procedures.**

**Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_