

**10th Annual South Plainfield**  
**Pee Wee - Bantam Tournament**  
**Sunday, December 13, 2015**

**Place:** SP PAL Building, 1250 Maple Ave, South Plainfield, NJ 07080

**Time:** Weigh-Ins: Friday, December 11<sup>th</sup> at the South Plainfield PAL building: 6:00 pm to 7:30 pm

Wrestling: Sunday, December 13<sup>th</sup>. Wrestling begins at 9:30 am

**Weight Class & Division:** Madison weight system will be used

**Pee Wee Division - Kindergarten & 1<sup>st</sup> Grade**  
**Bantam Division - 2<sup>nd</sup> & 3<sup>rd</sup> Grade**  
**Bout Times: 1-1-1**

Satellite weigh-ins for groups of 10 or more  
125 wrestler limit-please pre-register with Tournament Director

**Registration:** \$25 per wrestler (Must be postmarked by 12/5/2015)

**Walk-ins:** \$30 per wrestler at weigh-ins- space permitting (**No walk-ins day of tournament**).

**Awards:** 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> place medals will be awarded.

**Rules:** Scholastic wrestling rules will apply.

**Please make checks payable to SPWC and mail applications to:**  
**Adam Kaplan 234 Ledden Terr. South Plainfield, NJ 07080**

For more information please call Tournament Director Adam Kaplan at (732) 904-0984 or [ajkaplan6643@yahoo.com](mailto:ajkaplan6643@yahoo.com)

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**Application for Individual Entry:**

Name \_\_\_\_\_ Town/Club \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Division \_\_\_\_\_ Weight \_\_\_\_\_ E-Mail \_\_\_\_\_

I am the parent/legal guardian of the above wrestler and give permission for him/her to participate in the 10<sup>th</sup> Annual South Plainfield Pee Wee – Bantam Wrestling Tournament on Sunday, December 13, 2015. I understand that physical and life threatening risks are involved with my child's participation and fully assume responsibility for these risks. I hereby hold harmless the South Plainfield Wrestling Club, wrestling coaches, referees, trainers and any other volunteers from any and all claims incurred as a result of this event. My signature below confirms my understanding with these conditions:

**Parent or Legal Guardian**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_