

LONG ISLAND 3- STYLE WRESTLING CLUB
SPRING CLINIC AND TOURNAMENT TEAM

03/09/09-05/14/09

4 NIGHTS OF WRESTLING FOR HS & KIDDIE WRESTLERS

3 LOCATIONS

PREMIER COACHING STAFF

TOURNAMENT TRAVEL TEAM

NORTH SHORE HIGH SCHOOL – 300 Glen Cove Rd. Glen Head, NY

Tuesday & Thursday: Youth Team 4th - 8th Grade: 6:15-7:30 (will accept younger experienced wrestlers)

High School Team 9th - 12th Grade: 7:30-9:00

GARDEN CITY HIGH SCHOOL – 170 Rockaway Ave. Garden City, NY

Monday & Thursday: Youth Team 4th - 8th Grade: 6:15-7:30 (will accept younger experienced wrestlers)

High School Team 9th - 12th Grade: 7:30-9:00

WANTAGH HIGH SCHOOL – Beltagh Ave. Wantagh, NY

Wednesday: Youth Team 4th - 8th Grade: 6:15-7:30 (will accept younger experienced wrestlers)

High School Team 9th - 12th Grade: 7:30-9:00

COACHING STAFF:

Paul Gillespie- Wrestling Hall of Fame Inductee, 2x National freestyle champion, 6x Coach of the Year

Jon Masa- National High School Champion, 3x NCAA Division I All American

Mike Torriero- 2x Suffolk County Champ, New York State Champ, University of West Virginia

Matt Daddino- NY State Champion, National High School Champion, Assistant Coach Calhoun HS

Terry Madden- Assistant Coach Hofstra University, NCAA Division 3 All American

Nick Catana- Romanian National Greco Team Coach, New York Athletic Club Greco Coach,

Dave Foxen-Assistant Coach Chaminade High School, Freestyle All-American

Ronnie Lofrese- 3x Nassau All-County, Davidson College

Mike Emmert- Head Coach North Shore HS

Reid Sclafani- Co-Head Coach Garden City High School

Phil Drago- New York State USA Wrestling Kids Director

Jim Murphy- Head Coach of Wantagh HS

Special guest clinicians throughout the spring session

COST:

\$250 FOR 4 NIGHTS OF WRESTLING FOR KIDS AND HS WRESTLERS

Includes Bag and T-Shirt!

Free Registration for: The top three Division 1 County Place Winners, New York State Division 2 Place Winners, and New York State Catholic School Champions! (must fill out registration form & mail back for insurance purposes)

NAME: _____

DOB/GRADE: _____

ADDRESS: _____

USA CARD #: _____

EMAIL: _____

SHIRT SIZE: _____ WGHT: _____

PARENTS PERMISSION: _____

PHONE #: _____

Please complete the above registration form and include a check made out to LI3SWC and mail to 94 Fernwood Terrace Stewart Manor NY, 11530 or register the first night of practice 3/9/09 at Garden City HS. After 3/9 there will be a \$25 late fee. Please visit our website at www.li3swc.com for more information or email the clinic director at kathnrl@aol.com if you have any questions.