

**WANTAGH / VOUGAR ( VHW )**  
**FREESTYLE WRESTLING TOURNAMENT**

**Date:**           **Sunday, April 29, 2018**

**Location:**    **Wantagh High School, 3297 Beltagh Avenue, Wantagh, N.Y. 11793**

**FORMAT:** THIS IS A TEAM EVENT.  
USA WRESTLING CARD IS REQUIRED. THERE ARE FOUR  
MATS

**Weigh In:**    **7:30 A.M. UNTIL 8:30 A.M.... WRESTLING STARTS 9:00 A.M.**

**Wrestling:**   Freestyle Format, periods will be Two-3 minute periods  
**Elementary, middle school and H.S. on one team**

**Weights:**     73, 78, 83, 90, 97, 101, 107, 115, 122, 128, 134, 140, 147, 154, 162, 172,  
184, 195, 222, and 287 pounds.

**Entry Fees:**   \$900.00 PER TEAM CASH OR CHECK payable to: Wantagh Wrestling

**Information:** Irwin M. Loew for Vougar at cell 516-521-8544

**Admission:**   \$3.00   **Concession:**       **Food will be available all day**

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USA Card # : \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Sept 2018: \_\_\_\_\_

Club or Team : (List only one) \_\_\_\_\_

Name : \_\_\_\_\_  
First Last

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

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip code : \_\_\_\_\_

Telephone : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Vougar Oroudjov of the VHW Club will be conducting a free  
wrestling clinic starting at 8:30 A.M.**

**Waiver:**

**I, the undersigned, hereby declare that if I am accepted to participate in the Wantagh Wrestling Tournament, I will do so at my own risk and of my own free will. I will not, in any way, hold liable the sponsors, tournament officials, Wantagh HS, referees, for any injuries or losses that I might receive, directly or indirectly, while traveling to or from, or competing therein. In understand that if I ( my child ) has any suspicious skin markings, I ( my child ) might not be allowed to enter the tournament without a doctor's note stating the he / she is free of any contagious condition.**

**Wrestlers Signature**\_\_\_\_\_

**Parents Signature** \_\_\_\_\_ **Date**\_\_\_\_\_