



MIDDLE ATLANTIC WRESTLING ASSOCIATION



Preliminary District Tournament

Tournament Director : William Poole Email: pmwestwrestling@ gmail.com Phone: 570-895-1975
Tournament Location: Pocono Mountain West Jr. High School
Tournament Address: 180 Panther Lane Pocono Summit, PA 18346

DATE: 04/14/2024

TIME: Wrestling Starts at 9AM

WEIGH-INS: Weigh-Ins on 4/13 at 5-8pm, or on 4/14 from 7-8AM

MUST BE IN A SINGLET OR 2 PIECE WRESTLING UNIFORM

COMPETITORS SHOULD SELECT A WEIGHT THEY CAN HOLD FOR THE REGIONALS AND EASTERN NATIONALS

WEIGHT CLASSES AND AGES:

Bantam Division: (Born in 2016 and after)

Weights: 40, 44, 48, 52, 56, 60, 65, 73, 93 MAX.

Midget Division: (Born in 2014 and 2015)

Weights: 50, 54, 58, 62, 66, 70, 75, 80, 85, 93, 105, 134 MAX.

Junior Division: (Born in 2012 and 2013)

Weights: 58, 62, 66, 70, 74, 78, 82, 86, 91, 98, 108, 120, 140, 166 MAX.

Intermediate Division: (Born in 2010 and 2011)

Weights: 75, 80, 85, 90, 95, 100, 105, 110, 115, 120, 128, 136, 150, 175, 220 MAX.

Advanced Division: (Born in 2008 and 2009)

Weights: 93, 100, 105, 110, 115, 120, 125, 130, 135, 140, 145, 152, 160, 171, 189, 220, 285 MAX.

Elite Division: (Born in 2006 and 2007)

Weights: 111, 118, 125, 130, 135, 140, 145, 152, 160, 171, 189, 220, 285 MAX.

Open Division: Born before 2006

Weights: 125, 135, 142, 150, 158, 167, 177, 190, 220, 295 MAX.

EVERYONE MUST COMPETE IN THEIR OWN AGE DIVISION EXCEPT those who exceed the MAXIMUM weight.

LENGTH OF BOUTS: Intermediate, Advanced, Elite, & Open: Three 1 1/2 minute periods; All Others three 1 minute periods; Overtime-Sudden Death: One- 1 minute period followed by a 30 second ride out period if necessary.

WRESTLING RULES: P.I.A.A. Modified rules; P.I.A.A. officials will be used. **EVERYONE** must have **PROOF OF AGE** if challenged; **INCLUDING** the **PERSON ISSUING** the challenge. **IMPORTANT:** Once you have qualified for the **REGIONAL TOURNAMENT** you **MAY NOT** enter another **DISTRICT TOURNAMENT**. **ANYONE WHO DOES WILL BE DISQUALIFIED FROM ADVANCING TO THE REGIONAL TOURNAMENT.** Any entrant who falsifies information on an application to enter a District or Regional MAWA Tournament will be subject to a one-year suspension from the program, effective immediately upon discovery.

AWARDS: Medals will be given to the top FOUR finishers in each weight class.

UNIFORMS: One-piece singlet or two piece wrestling uniform are **REQUIRED**.

ENTRY FEE: \$ 40.00 **MUST ACCOMPANY THIS APPLICATION**

DEADLINE FOR EARLY ENTRIES: 04/13/2024 Late Entry Fee will be \$ 45.00 **DO NOT** mail your application after 04/10/2024 Bring it with you.

SPECTATOR ADMISSION: Adults: \$7.00 and Students \$4.00 per day.

*** HOT FOOD AND SNACKS WILL BE AVAILABLE ALL DAY ***

The top **FOUR** place winners in this tournament will advance to the **NORTH** Regional Tournament to be held on **Saturday, April 27 & Sunday April 28** at the **Bloomsburg Fairgrounds in Bloomsburg, PA** including **Open Division**. There will be a **\$30.00** advancement fee to be collected at the **District Tournament**. A **1 lb.** weight allowance will be given at the **Regional Tournament**.

The top **FOUR** place winners in the **Regional Tournament** advance to the **Middle Atlantic Wrestling Association's Eastern National Championships** on **May 4 – May 5** at **Wicomico Civic Center, Salisbury, MD** including **Open Division**. There will be a **\$30.00** advancement fee to be collected at the **Regional Tournament**. **Fifth and sixth** places are alternates. An additional **1 lb.** weight allowance (**2 lb.** total) will be given at the **Eastern National Championships**.

APPLICATION IS ON THE REVERSE SIDE OF THIS FORM

Visit www.mawawrestling.com for the latest schedule.

DIVISION _____ **WEIGHT CLASS** _____ ****You MAY change weights at weigh-ins****

PRINT NAME _____ **CELL (____)** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL _____ **DOB** _____

23/24 SEASON HONORS _____

NAME OF SCHOOL DISTRICT OR COLLEGE _____

I hereby give this child permission to wrestle in the 2024 Middle Atlantic Wrestling Association Championships and release all sponsoring bodies, their officers, tournament officials, committees and referees from all liability. Furthermore, I agree that both myself and my child's coach will be held responsible for our own and the wrestler's conduct while attending this event. I am also aware that verbal and physical child abuse or neglect will or may be reported to proper authorities if witnessed by tournament officials and could lead to disqualification of the wrestler and possible lawful investigation beyond our borders.

PARENT'S SIGNATURE (<18) _____

CONTESTANT'S SIGNATURE (>18) _____

Return entry form with \$ 40.00 Mail application and entry fee to: William Poole- 181 Panther Lane Pocono Summit, PA 18346

Make checks payable to: Pocono Mountain Pinfall Club **DEADLINE FOR EARLY ENTRIES:** 04/13/2024