



MIDDLE ATLANTIC WRESTLING ASSOCIATION

NORTHERN REGIONAL CHAMPIONSHIPS



TOURNAMENT DIRECTOR: Michael L. Smith, P.O. Box 146, Newport, PA 17074. 717-567-9212, cell 717-580-0127, fax 717-567-7147
PLACE: Shamokin High School, 2000 West State Street, Coal Township, PA 17866.

THURSDAY, APRIL 5	FRIDAY, APRIL 6	SATURDAY, APRIL 7
6:00-8:00 P.M.	8:00 A.M.	8:00 A.M.
MANDATORY weigh-ins for ALL BANTAM, MIDGET, JUNIOR and INTERMEDIATE Optional weigh-ins for ADVANCED, ELITE and OPEN <div style="border: 1px solid black; padding: 2px; display: inline-block;">Must weigh-in, In Singlet</div>	BANTAM and JUNIOR wrestling begins	ADVANCED and ELITE wrestling begins
	10:30 A.M.	8:00-9:00 A.M.
	MIDGET and INTERMEDIATE wrestling begins	Weigh-ins for remaining Division OPEN ONLY Must weigh-in, In Singlet
	1:00-4:00 P.M.	10:00 A.M.
	Weigh-ins for remaining ADVANCED, ELITE and OPEN Must weigh-in, In Singlet	OPEN wrestling begins

READ THE ABOVE INFORMATION CAREFULLY. NO EXCEPTIONS WILL BE PERMITTED!

RULES: Scholastic Rules, with minor exceptions. Officials are not permitted to review films of matches.

UNIFORMS: A tight fitting singlet is required. Absolutely no T-shirts nor striped socks.

ELIGIBILITY: Must have placed in the top three in a District Tournament. 4th place finishers may take the place of one of the first three. 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 REGIONALS.

NOTE: THIS IS NOT AN A.A.U. TOURNAMENT AND SHOULD NOT BE REFERRED TO IN THIS MANNER.

AWARDS: Middle Atlantic Regional Medals for the top Four place finishers.

ADVANCEMENT: THE TOP FOUR FINISHERS IN THE NORTHERN REGIONAL TOURNAMENT WILL ADVANCE TO THE MIDDLE ATLANTIC EASTERN NATIONAL CHAMPIONSHIPS TO BE HELD ON MAY 5 AND 6 AT THE WICOMICO CIVIC CENTER, SALISBURY, MD. INFORMATION WILL BE DISTRIBUTED AS YOU QUALIFY. A \$10.00 ENTRY FEE WILL BE COLLECTED AT THE REGIONAL TOURNAMENT. (FIFTH AND SIXTH PLACE FINISHERS WILL BE ALTERNATES.)

WRESTLEBACKS: Wrestlebacks are from the Quarter-Final Round Only.

ADMISSION: \$9.00 for each day for adults and \$5.00 for students.

ENTRY FEE: A \$10.00 ENTRY FEE WILL BE CHARGED FOR THE REGIONAL TOURNAMENT. THERE IS A \$10.00 FEE FOR THE EASTERN NATIONALS.

FOOD INFORMATION: Hot food and snacks will be available both days.

A FULL LINE OF WRESTLING EQUIPMENT WILL BE ON SALE BOTH DAYS.

NOTE: YOU MUST COMPETE AT THE SAME WEIGHT CLASS AT THE DISTRICT TOURNAMENT. NO WEIGHT ALLOWANCE.

LEAVE THIS FORM WITH YOUR DISTRICT TOURNAMENT DIRECTOR

A LIST OF AREA LODGING IS ON THE REVERSE SIDE

NOTICE: Before leaving the district tournament today, please complete the following statement of intent to advance to the regional tournament and the pre-entry form and leave it with the district tournament director.

Please Be courteous enough to return this form EVEN IF YOU ARE NOT GOING to advance to the regional tournament. this enables us to contact the fourth place finisher.

I, as a place winner in the Middle Atlantic District Tournament, will _____ or will not _____ advance to the Northern Regional Tournament at Shamokin High School on April 6-7, 2012.

NAME _____ DIV. _____ WT. _____

PLEASE PRINT

ENTRY FORM

MUST BE COMPLETED

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NO. _____ AREA CODE _____ PLACE IN DIST. TOURNAMENT: 1 2 3 4

I hereby give this boy permission to wrestle in the 2012---- Northern Regional Tournament and release all referees, sponsoring bodies, their officers, tournament officials, committees, and Shamokin High School from all liability. Furthermore, I agree myself and my child's coach and I will be held responsible for our conduct while attending this event. I am also aware that verbal or 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 _____

CELL NO. () _____ In case we need to reach you during the tournament.

2012 NORTHERN REGIONAL WRESTLING CHAMPIONSHIPS LODGING INFORMATION

YOU MUST USE THE FORM BELOW TO RECEIVE DISCOUNTED RATES

Shamokin Dam Area

20 miles	Econo Lodge & Suites 3249 N. Susquehanna Trail Shamokin, Dam, PA 17876 570-743-1111 Fax: 570-743-1190	62 Rooms Indoor Pool Hot Breakfast	\$59.95 per night, plus tax Code: MAWA-Spec
20 Miles	Hampton Inn 3 Stetler Avenue Shamokin Dam, PA 17876 570-743-2223 Fax: 570-743-5404	25 Rooms Indoor Pool Hot Breakfast	\$99.00 per night, plus tax Code: MAWA
20 Miles	Comfort Suites 613 N. Susquehanna Trail Selingsgrove, PA 17870 570-374-8880 Fax: 570-374-3927	25 Rooms Continental Breakfast	\$85.00 per night, plus tax Code: MAWA

Danville Area

20 miles	Days Inn 50 Sheraton Road Danville, PA 17821 570-275-5510 Fax: 570-275-7918	25 Rooms Indoor Pool Continental Breakfast	\$89.99 per night, plus tax Code: MAWA
20 miles	Super 8 35 Sheraton Road Danville, PA 17821 570-275-4643 Fax: 570-275-2064	20 Rooms Complimentary Breakfast	\$69.95 per night, plus tax Code: MAWA

Bloomsburg Area

20 miles	Comfort Suites 120 Plaza Drive Bloomsburg, PA 17815 570-387-9100 Fax: 570-387-9190	30 Rooms Indoor Pool Hot Breakfast	\$99.95 per night, plus tax Code: MAWA
20 miles	Hampton Inn 255 PA Permill Road Bloomsburg, PA 17815 570-380-1020 Fax: 570-380-1035	25 Rooms Indoor Pool Hot Breakfast	\$109.00 per night, plus tax Code: MAWA

Pottsville Area

15 miles	Country Inn & Suites 1-81 Exit 119 100 Keystone Blvd. Pottsville, PA 17901 570-544-5201 Fax: 570-544-5312	30 Rooms Indoor Pool Deluxe Hot Breakfast	\$94.50 per night, plus tax Code: MAWA or Northern Region
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Frackville Area

20 miles	Holiday Inn Express 1-81 Exit 124A 958 Schuylkill Mall Road Frackville, PA 17931 570-874-1700 Fax: 570-874-2700	25 Rooms Hot Breakfast	\$119.00 per night, plus tax Code: MAWA or Northern Region
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DEADLINE FOR RESERVATIONS: ,MARCH 28, 2012

MAKE RESERVATIONS DIRECTLY WITH THE MOTELS USING THE FORM BELOW

✂ **LODGING APPLICATION** ✂

Name _____ Dates Reserved _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Bus. Phone () _____

Number of Persons _____ Preferred Motel _____ Room Type _____

Amount Enclosed _____ Credit Card No. _____ Exp. Date _____

Smoking Room _____ or Non- Smoking Room _____ Signature: _____