



Clay County 16th Annual Danny Suite Memorial Tournament February 19th, 2023

Place: Clay County High School, 1 Panther drive, Clay, WV 25043
Entry \$20.00 Team mail ins of ten or more received by 2/16/23
Fee: \$25.00 Mail in received by 2/16/23
\$25.00 Email, Texts, Call in's (Deadline 2/16/23 by **9:00 p.m.**) **NO WALK-INS**

TOURNAMENT WILL BE LIMITED TO THE FIRST 300 ENTRIES!!!

Mail entries to: Clay Jr. Wrestling Call Ins: Malinda Stewart: 304-553-3107 Text
P.O. Box 452 only from 8 am til 4 pm
Clay, WV 25043 Calls from 4:30 P.M. to 9: 00 P.M.
(Make checks Or email: malindaastewart@gmail.com
payable to CCJW) TJ Legg:
304-651-9426 (cell)
terry.a.legg@wv.gov

Email:

Weigh Sunday, February 19th, 2023 – CLAY COUNTY HIGH SCHOOL 6:30 am – 8:00 am
Ins:

Scratch Meeting to follow. Takedown Tournament will be held during the scratch meeting – 5 takedowns will win award. \$5.00 fee to enter.

Rules: Double Elimination. Wrestlers will wrestle three one-minute periods. Scholastic rules apply with sudden death overtime. **LIMIT TWO ENTERIES PER WRESTLER IN DIFFERENT AGE BRACKETS.** We reserve the right to combine weight classes. \$10.00 to move up a weight class. Proof of age “if challenged.” Blind draw, every effort will be made to split wrestlers from the same team.

Awards: Individual awards given 1st, 2nd, 3rd, & 4th place finishers in each weight class.

BREAKFAST AND LUNCH FOODS WILL BE AVAILABLE

16th Annual Danny Suite Tournament

Entry form: (Return this portion only)

WEIGHT CLASSES (Age as of January 1, 2023 Please circle only one and copy form for a second entry!)

4 & Under	35	40	45	50	HWT	65max												
5 & 6	40	45	50	55	60	HWT	75max											
7 & 8	45	50	55	60	65	70	75	85		HWT	120max							
9 & 10	55	60	65	70	75	80	85	90	95	105	115	125		HWT (160 max)				
11 & 12	65	70	75	80	85	90	95	100	105	115	125	135	145	160	HWT (200 max)			
13 & 15	70	78	86	94	102	110	116	123	128	135	145	155	171	190	215	285		

Name: _____ Phone: _____

Address: _____

Age Group: _____ Weight Class: _____ Birthdate: _____

Coaches Name: _____ Team: _____

Clay county High School, WVYWA and Clay Jr. Wrestling League will not be responsible for any accident or injury that occurs during this event, or property losses. I will be personally responsible for any injury to myself or my wrestler during this event. I have read and fully understand this document. My signature indicates I agree with, and will abide by, its contents.

PARENT SIGNATURE: _____ DATE: _____