



Clay County 18th Annual Danny Suite Memorial
February 23rd, 2025

Place: Clay County High School, 1 Panther Drive, Clay, WV 25043
Entry \$25.00 Team mail ins of ten or more received by 2/20/25
Fee: \$30.00 Mail in received by 2/20/25
\$30.00 Email, Texts, Call in's (Deadline 2/20/25 by **9:00 p.m.**) **NO WALK-INS**

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

Mail entries to:	Clay Jr. Wrestling P.O. Box 452 Clay, WV 25043 (Make checks payable to CCJW)	Call Ins:	Malinda Stewart: 304-553-3107 Text only from 8 am til 4 pm Calls from 4:30 P.M. to 9: 00 P.M. Or email: malindaastewart@gmail.com TJ Legg: 304-651-9426 (cell) Or email: tjlegg69@icloud.com
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Email:

Weigh Ins: Sunday, February 23rd, 2025 – CLAY COUNTY HIGH SCHOOL 6:30 am – 8:00 am
(.5 Weight Allowance)

Scratch Meeting to follow. Takedown Tournament will be held during the scratch meeting – 3 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 ENTRIES 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: Awards given to 1st, 2nd, 3rd, & 4th place finishers in each age & weight class.

BREAKFAST AND LUNCH FOODS WILL BE AVAILABLE

18th Annual Danny Suite Tournament

Entry form: (Return this portion only)

Birth Years:

4-u=2021-2020 5-6=2019-2018 7-8=2017-2016 9-10=2015-2014 11-12=2013-2012 MS=2011-2009

WEIGHT CLASSES, Please circle only one and copy form for a second entry!

4/u	35	40	45	50	HWT	65max												
5/6	40	45	50	55	60	70	HWT		Max	95								
7/8	45	50	55	60	65	70	75	85	105	HWT	135(max)							
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)			
MS	70	78	86	94	102	110	116	123	128	135	145	155	171	190	215	285(max)		

Name: _____ Phone: _____

Address: _____

Age Group: _____ Weight : _____ Birthday: _____

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: _____