

1ST ANNUAL NJ FALLEN HEROES MEMORIAL TOURNAMENT

(All proceeds to benefit Families of the 75th Ranger Regiment & The Marine Family Fund. Donations may also be made.)

September 11, 2010

St John Vianney High School

540A Line Road, Holmdel, NJ 07733

Tournament Schedule:

Weigh ins 7:00 am – 8:30 am

Opening Ceremonies at 9:00 am

National Anthem at 9:25 am

Wrestling starts at 9:30 am

Tournament Information:

\$25 - Mail Ins, Satellites, & Online

Reg. at www.pollishore.com

\$30 - Walk Ins, Day of Tournament

Checks Payable to: NYACE

Mail to: 2207 Baker Drive

Allentown, PA 18103

Tournament Rules:

All weights are Madison Weight Classes (Determined after weigh ins)

Age/Grade as of tournament date.

Must wear a singlet or tight fitting shorts & tshirt.

Divisions 1-4 are 1-1-1, Divisions 5 & 6 are 1:30-1:30-1:30

Satellite weigh ins available at locations listed on www.pollishore.com

For Additional Information (Including donations, tournament questions, volunteering) contact:

Scott Festejo at scott@pollishore.com or Adam Polly at info@pollishore.com

1st Annual NJ Fallen Heroes Memorial Tournament

Name: _____ Team: _____

Division (Circle One, Age/Grade as of Tournament Date)

Division 1 (6 & Under)

Division 3 (9 & 10)

Division 5 (13 & 14)

Division 2 (7 & 8)

Division 4 (11 & 12)

Division 6 (9-12 Grade)

Address: _____ City: _____

State: _____ Zip Code: _____ Age: _____ Date of Birth: ____/____/____

Phone: (____) _____ - _____ Email: _____

I hear-by declare that as a participant in this tournament I will enter at my own risk. I will not in any way hold liable the officials, coaches, Polli-Shore Tournaments, A 'n' A Tournament Services, the hosting facility, or its employees for any injury that I may receive while in this tournament, or traveling to and from this tournament.

Wrestlers Signature: _____ Date: ____/____/____

Parent/Gaurdian Signature: _____ Date: ____/____/____

Tournament Staff Use Only:

Payment Type: _____ Actual Weight: _____

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