



Clay County 17<sup>th</sup> Annual Danny Suite Memorial Tournament  
February 18th, 2024

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)**  
**tjlegg69@icloud.com**

Email:

Weigh Ins: Sunday, February 18th, 2023 – CLAY COUNTY HIGH SCHOOL 6:30 am – 8:00 am

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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> place finishers in each weight class.

**BREAKFAST AND LUNCH FOODS WILL BE AVAILABLE**

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# 17<sup>th</sup> 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	70	HWT		Max	90									
7 & 8	45	50	55	60	65	70	75	85	105	HWT	135max								
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, it contents.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Birth years for age divisions:**

**4/u=2019-2020**

**5/6=2017-2018**

**7/8=2015-2016**

**10/u=2013-2014**

**12/u=2011-2012**

**15/u=2009-2010**

