



Clay County 17th 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 2/15/24
Fee: \$25.00 Mail in received by 2/15/24
\$25.00 Email, Texts, Call in's (Deadline 2/15/24 by **9:00 p.m.**) **NO WALK-INS**

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

Mail entries to:	Clay Jr. Wrestling	Call	Malinda Stewart: 304-553-3107	Text
	P.O. Box 452	Ins:	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)	
			Or email: tjlegg69@icloud.com	

Email:

Weigh Sunday, February 18th, 2024 – 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 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: Individual awards given 1st, 2nd, 3rd, & 4th place finishers in each weight class.

BREAKFAST AND LUNCH FOODS WILL BE AVAILABLE

18th Annual Danny Suite Tournament

Entry form: (Return this portion only)

Birth Years:

4-u=2019-2020 5-6=2017-2018 7-8=2015-2016 9-10=2013-2014 11-12=2011-2012 15-13=2009-2010

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	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		

Phone

Name: _____ : _____

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: _____