

HALLOWEEN HAVOC

Sunday October 19th, 2025

Salesianum School

**1801 N Broom St
Wilmington, DE 19802**

All Questions: Jody Wilson

jwilson7283@comcast.net, 302-242-8027

Weigh-ins: Sunday, October 19th 7:00 am - 8:30am

Wrestling: Will begin promptly at 9:30 a.m. on 4+ mats

Entry Fee: \$40.00 Register Online at Track Wrestling

http://www.trackwrestling.com/registration/TW_Register.jsp?tournamentGroupId=268615132

NO ONLINE ENTRIES WILL BE ACCEPTED AFTER Friday, October 17th – Walk Ins Welcome
Satellite and Team Registration and Weigh Ins available – email to arrange jwilson7283@comcast.net

- Rules:**
1. National Federation rules will govern tournament
 2. All periods will be 1:30 – 1:30 – 1:30
 3. Headgear and singlet recommended, not required
 4. Proof of grade must be available, if challenged
 5. Director has the right to combine weight classes with less than 3 wrestlers
 6. Division ages are as of Sunday, October 19th, 2025
 7. Wrestlers may compete in more than one division / separate entry form required (Must be ready to wrestle when called upon)

DIVISIONS AND WEIGHT CLASSES

***** Full Double Elimination *****

Elementary (5 th Grade and below)	45 50 55 60 65 70 75 80 85 90 95 100 105 110 115 125 140 HWT
Junior High (6 th – 8 th Grade)	70 75 80 85 91 98 105 112 119 126 133 140 148 158 170 HWT
High School (9 th – 12 th Grade)	106 113 120 126 132 138 144 150 157 165 175 190 215 HWT
Girls (Madison System)	Madison Age Weight*

Awards: Awards will be provided to the top 3 place finishers in each Division / Wt Class.

Admission: \$5.00 – Per Spectator **** Breakfast, Lunch & Refreshments Available ****

Make checks payable: Team Smyrna Wrestling Club

Mail fee & registration to: Team Smyrna, 396 N School Lane, Smyrna, DE 19977

PLEASE PRINT

DETACH & RETURN THIS PORTION

DIVISION _____ **WEIGHT CLASS** _____

Name _____ **Age** _____ **Birthdate** _____ **Grade** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone # _____ **Team** _____ **2023-2024 Record -- W** _____ **L** _____

Honors _____

In consideration of your acceptance of my entry, I hereby release Team Smyrna Wrestling Club & Salesianum School, and all sponsoring bodies, their officers, and tournament officials from all liabilities, claims, or rights to damage for injuries suffered by my child directly or indirectly in training for, traveling to and from, and participating in the 2025 Halloween Havoc Wrestling Tournament.

Parent Signature _____ **Wrestler's Signature** _____ **Date** _____