



Smyrna Little Wrestlers Tournament

Double Elimination & Ohio Tournament of Champions Qualifier

Date: Sunday, December 7th, 2025

Location: Smyrna High School 500 Duck Creek Pkwy Smyrna, DE 19977 *Park & enter in the rear of the school

All Questions: Jody Wilson, jwilson7283@comcast.net 302-242-8027

Weigh-ins: Sunday, December 7th 7:00 am - 8:30am ~ Wrestling will begin promptly at 9:30 a.m. on 5+ mats

Entry Fee: \$40.00 – Mail-in registrations must be received NO LATER than Thursday, December 4th

\$42.00 - Online Registrations www.SmyrnaWrestling.com or

http://www.trackwrestling.com/registration/TW_Register.jsp?tournamentGroupId=268670132

Entries will be accepted until Saturday Dec 6th at 10 AM EST

- Rules:**
1. National Federation rules will govern tournament
 2. All periods will be 1 – 1 – 1.
 3. Headgear and singlet recommended, not required
 4. Proof of age 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 December 7th, 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

***** Double Elimination *****

Tot (Ages 6 & Under)	40 45 50 55 60 65 HWT
Bantam (Ages 7 - 8)	45 50 55 60 65 70 75 HWT
Midget (Ages 9 - 10)	50 55 60 65 70 75 80 85 90 100 HWT
Junior (Ages 11 - 12)	70 75 80 85 91 98 105 115 125 140 HWT
Intermediate (Ages 13 - 14)	77 84 91 98 105 112 119 126 133 140 148 158 170 HWT
Girls	Madison System

Awards: Trophies awarded to top 3 finishers in each weight class

Admission: \$5.00 – Per Spectator / Children 10 & Under are free **** Breakfast, Lunch & Refreshments Available ****

Make checks payable: Team Smyrna Wrestling Club

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

Visit our website: www.SmyrnaWrestling.com
Questions? jwilson7283@comcast.net
Like Smyrna Wrestling on Facebook

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DETACH & RETURN THIS PORTION

DIVISION _____ **WEIGHT CLASS** _____

Name _____ Age _____ Birthdate _____ Grade _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Team _____ 2024 – 2025 Record: W _____ L _____

Honors _____

In consideration of your acceptance of my entry, I hereby release Compete Event Management, Smyrna Little Wrestlers, & Smyrna High School 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 Smyrna Little Wrestlers Tournament.

Parent Signature _____ Wrestler's Signature _____ Date _____