

DINUBA HIGH SCHOOL

340 E. Kern St

Dinuba, Ca 93618

Phone: 559-595-7220 Fax: 559-595-8179

www.dinubawrestling.com

Athletic Director: Martin Tovar

Wrestling Coach: Michael Wright

Dear Coach,

Dinuba High School would like to invite your team to participate in the 2nd Annual Dinuba Invitational on January 8th and 9th, 2010.

Date: January 8-9, 2010

Place: Dinuba High School, 340 E. Kern St. Dinuba, Ca. 93618

Weigh-ins: 10:00am Friday in the weight room and 7:00am on Saturday. All teams must be present. Weigh-in order will be determined by team's arrival.

Wrestling: Wrestling begins at 12:00pm Friday and 9:00am Saturday until completion

Entry Fee: \$325 per team due December 1st, 2009

Format: We will use a 32-man double elimination bracket, placing eight. We will run straight through to the medal matches. We will break down to 1 mat for finals.

Registration: Registration will be done online via exact info will come in your confirmation packet.

Coaches Meeting: There will be a brief coaches meeting at 11:00am Friday in the weight room.

Awards: We will give awards at the conclusion of the tournament to the top 8 placers each bracket.

Facilities: Locker room and showers will be available. However, lockers and towels will not be.

Medical: A trainer will be available, bring your own tape.

Concessions: Will be available after weigh-ins and all day.

_____ Yes, we would like to attend the Dinuba Inv. Please hold a spot for my team _____ High School.

Coach _____

Phone # work _____ home _____

Email Address _____

_____ Entry Fee Enclosed, \$325.00

_____ We will mail entry fee later (by December 1st)

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Seeding Information Form

Weight: _____ School: _____

Name of Wrestler _____

List Criteria in Rank Order:

State Place Winner:

Year _____ Place _____

Year _____ Place _____

Year _____ Place _____

Section Place Winner:

Section _____ Place _____

Section _____ Place _____

Section _____ Place _____

Division/Sub Section Place Winner:

Division _____ Place _____

Division _____ Place _____

Division _____ Place _____

Tournaments placed in this season:

Name of Tourney: _____ Place: _____

Name of Tourney: _____ Place: _____

Name of Tourney: _____ Place: _____

Name of Tourney: _____ Place: _____

Name of Tourney: _____ Place: _____

Over-all win/loss record: wins _____ losses _____

Head to head this high school season competition will be first criteria used when determining over-all placement. List Head to Heads to be considered for seeding:

Opponent: _____ Result: _____

Opponent: _____ Result: _____

Opponent: _____ Result: _____

Opponent: _____ Result: _____

Coaches Signature: _____ **Date:** _____

Fax to (559) 595-8179 or email mwright@dinuba.k12.ca.us

by no later than January 5, 2010 duplicate as needed

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Weigh-in Roster

Wt.	Name	Actual Wt.	Wt.	Name	Actual Wt.
103			145		
112			152		
119			160		
125			171		
130			189		
135			215		
140			285		

Name of School: _____

Coaches Signature: _____

Phone # _____

Date: _____ Time: _____

Fax or email to: Tournament Director

(559) 595-8179 or mwright@dinuba.k12.ca.us by no later than January 5, 2010.

Coaches please note that we cannot make changes to your roster on the 9th.