

# 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 3<sup>rd</sup> Annual Dinuba Invitational on January 7<sup>th</sup> - 8<sup>th</sup>, 2011.

**Date:** January 7-8, 2011

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

**Weigh-ins:** 12:00pm Friday in the weight room and 8:00am on Saturday. All teams must be present. Weigh-in order will be determined by team's arrival.

**Wrestling:** Wrestling begins at 2:00pm Friday and 9:00am Saturday until completion

**Entry Fee:** \$350 per team due December 1<sup>st</sup>, 2010

**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.

**Lineups** All lineups and seeding info need to be emailed to  
**Seeding info** [mwright@dinuba.k12.ca.us](mailto:mwright@dinuba.k12.ca.us) by Wednesday Jan. 5<sup>th</sup> 2011

**Coaches** There will be a brief coaches meeting at 1:00pm Friday in the weight  
**Meeting:** room.

**Awards:** We will give awards at the conclusion of the tournament to the top 8 placers each bracket. Custom resin trophy for finalists and top 4 teams and custom medals for 3<sup>rd</sup> - 8<sup>th</sup> and

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

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

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\_\_\_\_\_ 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, \$350.00

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

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## Dinuba Invitational Wrestling Tournament

### 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, 2011 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, 2011.