

CENTRAL BUCKEYE CONFERENCE WRESTLING TOURNAMENT
SATURDAY, FEBRUARY 10, 2007
TIPPECANOE HIGH SCHOOL

- I. A seed meeting will be held on Thursday, February 8th at 7:00 p.m. in the room 109 at the Tippecanoe High School. Please use the front athletic entrance. There will be signs to designate the location of the room.
- II. **Schedule of Events:**
 - 7:00 a.m. Locker rooms and scales open
 - 8:00 a.m. Official Weigh-ins Begin
 - 9:00 a.m. Coaches' meeting
 - 9:00 a.m. Weigh-ins end
 - 10:00 a.m. First round begins on 3 mats
 - Finals are 30 minutes after the conclusion of the 2nd session.
- III. **Awards**
 1. Team champion in Kenton Trail Division and Mad River Division
 2. Individual awards through 6th place.
- IV. **Teams entered:**
 - Mad River Division:** Ben Logan, Greenon, Graham, Kenton Ridge, Northwestern, Stebbins
 - Kenton Trail Division:** Bellefontaine, Indian Lake, Shawnee, Tecumseh, Tippecanoe, Urbana
- V. **Passes:** Only C.B.C. Conferences passes will be accepted. Wives, athletic directors, principals, etc. must have their CBC passes. Each school is limited to **6** mat maids or stat persons.
- VI. Enclosed is the school information sheet for the program and a sheet to list your wrestlers and their seeding Criteria. Please note that these forms are to be faxed to Matt Shomper at Tippecanoe High School by **Tuesday, February 6th at (937) 667-0912**
- VII. **ADMISSION FOR THE TOURNAMENT. These prices are valid all day regardless of what time they arrive at the meet.**
 - ADULTS: \$10.00**
 - STUDENTS: \$5.00**
- VIII. Concessions will be open all day. **Please do not bring group food (crock pots, etc.). Individual cooler only.**
- IX. CBC T-shirts will be on sale throughout the day.
- X. **Questions:** Contact Mike Doss, tournament director (H) 937.468.2739 or (cell) 937.539.6384 or Matt Shomper (work) 937.669.6364 or via email at mshomper@tippcity.k12.oh.us
- XI. **Note: Finals will begin 30 minutes after the conclusion of the prelims.**

THE CENTRAL BUCKEYE CONFERENCE WRESTLING TOURNAMENT
SCHOOL INFORMATION

Name of School: _____

School Nickname: _____

School Colors: _____

Coach: _____

Asst. Coaches: _____

Superintendent: _____

Principal: _____

Athletic Director: _____

2006-2007 Records

Team	Score
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2006-07 Tournament Records

Tournament	Place
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please fax pages to Matt Shomper no later than Tuesday, February 6, 2007. Fax number 937.667.0912

