

# 48<sup>th</sup> Annual *Doc Petersen Classic*

## Boys Individual Wrestling Tournament

**Date:** Saturday, December 3rd, 2022

**Location:** Glenn County Fairgrounds 221 E Yolo St. Orland, Ca. 95963

**Entry Fee:** \$275.00 per School. Checks made payable to OHS ASB. Please include Doc Petersen in the memo line. Fee is due by date of the tournament. \$50 late fee for all entrée fees received after the tournament date.

<b>Admission:</b>	General Admission	\$5.00
	Seniors (^60)	\$3.00
	Children over 12	\$3.00
	Children under 12	Free

**Format:** Boys: We will be running a 32/16 man championship bracket (As needed).

**Weigh-ins:** Check Scale will be open at 6:30a.m. Weigh-ins will be at 7:00 a.m. All participants MUST be present at the beginning of the weigh-ins. The weigh-in shall proceed through the weight classes beginning with the lowest and end immediately upon the completion of the highest weight class. Please review NFSHA Rule 4-5 article 3.

**Hospitality:** Available for coaches and officials.

**Awards:** Medals will be awarded to the top six placers in each weight. There will also be three most outstanding wrestler awards. The top five school teams will receive an award.

**More Information:** Please respond early to assure your team a spot. Respond to:

Matt Schumann

Cell phone: (530) 720-7944

Work Phone (530) 865-1210

E-mail: [mschumann@orlandusd.net](mailto:mschumann@orlandusd.net)

**2022 Doc Petersen Boys Invitational Confirmation**

**Tournament Date: December 3rd, 2022** The below-signed High School agrees to compete in the Doc Petersen Classic at Glenn County Fairgrounds 221 E Yolo St. Orland. The tournament entry fee will be \$275.00 per team and must be paid by the tournament date. There will be a \$50.00 late fee charge applied after the tournament date. **Please return this portion with your response – Mail to Orland Wrestling, 101 Shasta Street, Orland, Ca**

**School Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**School Phone** \_\_\_\_\_ **School Fax** \_\_\_\_\_

**Coach's Name** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Coach's Signature** \_\_\_\_\_

**Athletic Director's Signature** \_\_\_\_\_

# 48th Annual *Doc Petersen Classic*

## Girls Individual Wrestling Tournament

**Date:** Saturday, December 3<sup>rd</sup>, 2022

**Location:** Glenn County Fairgrounds 221 E Yolo St. Orland, Ca. 95963

**Entry Fee:** \$275.00 per School. Checks made payable to OHS ASB. Please include Doc Petersen in the memo line. Fee is due by date of the tournament. \$50 late fee for all entrée fees received after the tournament date.

<b>Admission:</b>	General Admission	\$5.00
	Seniors (^60)	\$3.00
	Children over 12	\$3.00
	Children under 12	Free

**Format:** Girls: We will be running a sixteen man championship bracket.

**Weigh-ins:** Check Scale will be open at 6:30a.m. Weigh-ins will be at 7:00 a.m. All participants MUST be present at the beginning of the weigh-ins. The weigh-in shall proceed through the weight classes beginning with the lowest and end immediately upon the completion of the highest weight class. Please review NFSHA Rule 4-5 article 3.

**Hospitality:** Available for coaches and officials.

**Awards:** Girls: Medals will be awarded to the top six placers in each weight. There will also be three most outstanding wrestler awards. The top five school teams will receive an award.

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E-mail: [mschumann@orlandusd.net](mailto:mschumann@orlandusd.net)

**2021 Doc Petersen Girls Invitational Confirmation**

**Tournament Date: December 3<sup>rd</sup>, 2022** The below-signed High School agrees to compete in the Doc Petersen Classic at Glenn County Fairgrounds 221 E Yolo St. Orland. The tournament entry fee will be \$275.00 per team and must be paid by the tournament date. There will be a \$50.00 late fee charge applied after the tournament date. **Please return this portion with your response – Mail to Orland Wrestling, 101 Shasta Street, Orland, Ca**

**School Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Coach's Signature** \_\_\_\_\_

**Athletic Director's Signature** \_\_\_\_\_