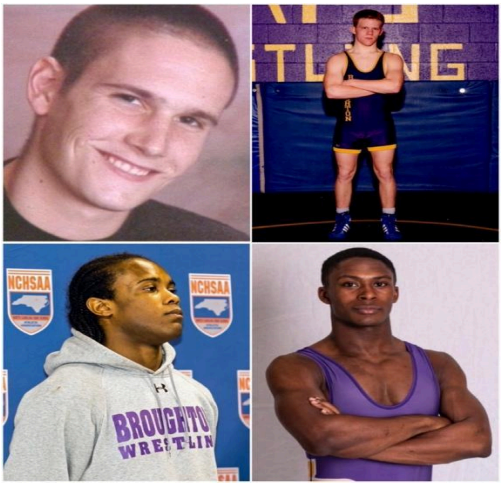
2025 Matthews-Griffin-Burt-Wright Memorial Wrestling Tournament



Date: Saturday, November 15th, 2025

Place: Needham B. Broughton High School, Raleigh, NC

Background: This is a memorial tournament in remembrance of four former Broughton wrestlers whose lives were tragically cut short. Jodie Matthews, Jackson Griffin, Lamont Burt and Kaleb Wright were leaders on and off the mat and made a difference in the community.

Teams: Broughton, Clayton, DH Conley, East Chapel Hill, Eastern Guilford, Enloe (Varsity), Laney (JV), Northern Durham, Orange (JV), South Johnston (varsity), Southeast Raleigh, Southern Nash, TMSA Triangle (JV), Western Alamance

Format: Individual tournament, double-elimination format. Three mats will be used for the duration of the tournament. JV will wrestle a modified 8 man bracket to guarantee three matches. Each team may enter 14 varsity boys total, no more than two per weight class. Scoring wrestlers must be designated by the team prior to the start of the tournament. JV entries are unlimited.

Seeding: We will seed as follows:

1) State placers (during ANY season, with most recent having preference)
2) State qualifiers (during ANY season, with most recent having preference)
3) The 2024-2025 record, 7 match minimum
4) Wrestlers with less than 0.667 winning percentage will be drawn randomly

Registration will be done through TrackWrestling at least one week prior to the tournament. **REGISTRATION DEADLINE IS 8pm on THURSDAY November 13th.**

Entry Fee: Varsity - $200.00, JV - $15 each, $200 max. If not received by the conclusion of the tournament, there will be a $50 late fee imposed. Make checks payable to NEEDHAM BROUGHTON HIGH SCHOOL CAPS CLUB and mail to Broughton High School, ATTN: Aaron Minger, 723 St. Mary's St., Broughton, NC 27605.

Contracts: Contracts should be emailed to Jim Trenner at jtrenner@live.com (preferably) or mailed to 2622 Pepperstone Dr., Graham, NC 27253. PLEASE NOTE THAT CONTRACTS AND CHECKS ARE NOT SENT TO THE SAME PLACE

Awards: Medals will be awarded to the top three wrestlers in each weight class; a trophy to the team champion.

Tickets: $10 for all day

Contacts: Jim Trenner, tournament director (919) 824-9585, jtrenner@live.com
Ross Lefebvre, head coach (763) 222-9520, rlefebvre2@wcpss.net

Schedule:

7:00 AM	Weigh-in
8:15 AM	Bracket revision/Coaches meeting
9:00 AM	Wrestling begins

CONTRACT FOR THE 2025 MATTHEWS-GRIFFIN-BURT-WRIGHT MEMORIAL WRESTLING TOURNAMENT

Enclosed you will find an invitation to the 2025 Matthews-Griffin-Burt-Wright Memorial Wrestling Tournament. In our effort to run a top-quality wrestling tournament, we want teams that will represent good wrestling and sportsmanship. We will do all we can to provide a good experience for all participants, coaches and spectators.

It is important for our planning to have a firm commitment from the participating schools. If you agree to participate in the tournament please help us by completing and signing the following statement and returning to us by no later than October 30th. The entry fee should be paid by the start of the tournament. If not, there will be a $50 late fee imposed.

_____High School accepts the invitation to the Matthews-Griffin-Burt-Wright Memorial Wrestling Tournament, to be held at Broughton High School in Raleigh, NC on November 15th, 2025.

We enter into this binding contract and agree to pay the entry fee stated above to Broughton High School by the start of the tournament. We understand that only after this contract is received will our team be considered a participant in the tournament.

We intend to compete in the following divisions:

- ☐ Varsity
- ☐ JV

We understand that after we are considered to be a tournament participant, if for any reason we cannot attend the tournament our entry fee cannot and will not be returned. Further, we understand that if the contract has been signed and received and the school decides not to attend before the entry fee has been paid, the school is still obligated to pay the entry fee. If the tournament must be canceled, all entry fees will be returned promptly and the contract will be void.

Coach's Name (print) _____

Coach's Signature_____

Coach School Phone_____ Fax _____

Coach Cell Phone_____ Email (print) _____

School Address_____

Athletic Director Signature _____Date_____