

Lane Peters - Army Wrestling

High School Accomplishments:

3x state place winner (2nd, 5th, 6th)
Journeyman All-American accolades
in 2016

NHSCA High School Senior National
Champion-2016

NCAA Freshman - 25-15
6th Virginia Tech Hokie Open
2nd Journeyman Classic
3rd Black Knight Invite
3rd Edinboro Open

NCAA Sophomore - 18-18
2nd Princeton Open
6th Journeymen Classic
5th Black Knight Invite
4-2 @ Midlands Championships
5th EIWA Championships
West Point Deans List

June 7th @ Perkins High School



Tyler Warner-Wheeling Jesuit Univ.

High School Accomplishments

4x State Placer (3rd, 1st, 1st, 1st)

Ironman Champion

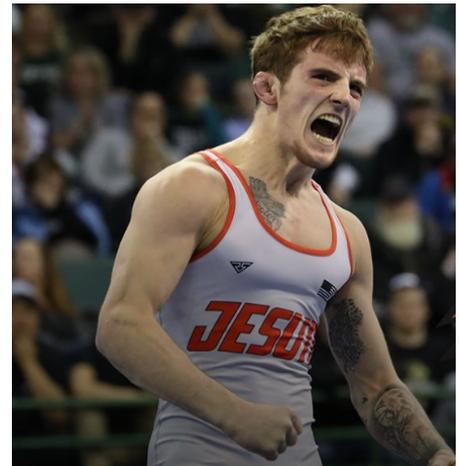
3x Super 32 Placer

NHSCA Freshman National Champion

Journeyman National Runner-up

NCAA Freshman - 28-9

NCAA Division 2 All-American (5th)

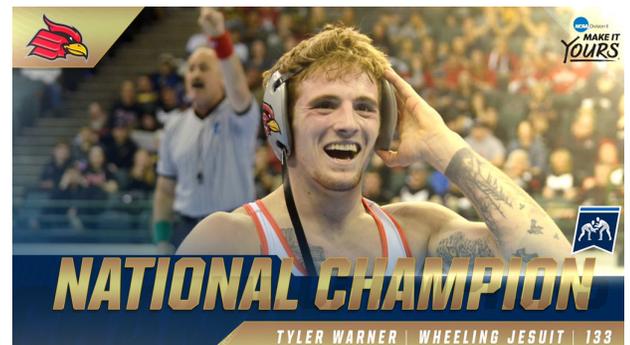


NCAA Sophomore - 29-1

NCAA National Champion - 133

Super Region III Wrestler of the Year

Findlay Open Champion



Perkins Wrestling June 7th at PHS

Perkins Wrestling Program will be sponsoring a wrestling camp for all Pirate Youth, Middle School, and High School wrestlers. We are able to bring in 2 young studs who wrestle for NCAA Division 1 and Division 2 Universities. Both are cradle experts!!!

All School Districts welcome drop in fee: 1 session \$10 - 2 sessions - \$20

Cash or Check: Perkins Athletic Booster Club

Questions: Coach Crabtree 419-656-2666 or tcrabtree@perkinsschools.org

Perkins Wrestlers RSVP by text or email to Coach Crabtree

Guest Clinicians:

Lane Peters - West Point Army Wrestling

3x OHSAA State Placer (2nd, 5th, 6th)

NHSCA National Champion

Tyler Warner - Wheeling Jesuit University

4x OHSAA State Placer (3rd, 1st, 1st, 1st)

NCAA Division 2 National Champion

Schedule:

8:30-9:00 am Check in

Session 1	9:00-11:00 am	K-6	Lane Peters
	9:00-11:00 am	7-12	Tyler Warner
	11:00-11:30 am		Lunch
Session 2	11:45-1:45 pm	7-12	Lane Peters and Tyler Warner

Name of Camper _____ Wt. _____ Age _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____

Residence Phone _____ Emergency Phone _____ In

case of injury or illness, I authorize treatment, if necessary, by a physician while attending the camp, and I agree to assume all cost related to such treatment. I authorize the disclosure of medical information to my insurance company for the purpose to the claim.

Parent or Guardian Signature _____ Date _____

_____ Name of Insurance (covering the
camper) _____

Whose name is on the insurance card _____

Insurance # _____

Mail: Travis Crabtree, 1430 Columbus Ave. Sandusky, OH 44870 or bring day of clinic.