



2011-12 ST. THOMAS AQUINAS ACADEMY BOYS BASKETBALL TOURNAMENTS FORM

Location: St. Thomas Aquinas Academy

341 E. Norwich Street • Milwaukee WI • 53207 • 414-744-1214 (school)

Entry Fee: \$130 - Check payable to STAA Athletic Association

Tournament Dates & Game Times

(Game times are subject to minor changes and will be modified based on Parkview League game times)

6th Grade	Friday, January 27th	6:00, 7:00, 8:00, 9:00
	Saturday, January 28th	6:00, 7:00, 8:00, 9:00
	Sunday, January 29th	5:00, 6:00, 7:00, 8:00
7th Grade B	Friday, February 24th	6:00, 7:00, 8:00, 9:00
	Saturday, February 25th	6:00, 7:00, 8:00, 9:00
	Sunday, February 26th	5:00, 6:00, 7:00, 8:00
8th Grade Mid	Friday, March 2nd	6:00, 7:00, 8:00, 9:00
	Saturday, March 3rd	6:00, 7:00, 8:00, 9:00
	Sunday, March 4th	5:00, 6:00, 7:00, 8:00

- Team and individual trophies for 1st, 2nd & 3rd place; team trophy for consolation.
- A, mid-level (“AB”) & B teams welcome. Sorry - no club or combination teams allowed.
- 8 Team Double Elimination Format.
- All Parkview League & WIAA rules will apply.

Please make check payable to - STAA Athletic Association

Mail the check with the Tournament Registration Form / Team Roster

**To: John Kolb
3111 E. Armour Ave.
St. Francis, WI, 53235**

Basketball Coordinators: John Kolb Ph. 414-305-6397 E-mail: johnkolb@netscape.com
Terry Kirby Ph. 414- 486-0477 E-mail: kriby@att.net

St. Thomas Aquinas Academy 2011-12 Boys Tournament Registration Form

Submit this completed form with \$130 Entry Fee Check – Please print legibly
 Deadlines for entries will be two weeks before each tournament date or when brackets are filled.
 Questions, please call John Kolb at 414-305-6397 or Terry Kirby at 414-486-0477.

Team _____ **Grade** _____

School Nickname _____

School Colors _____

Head Coach:

Name _____

Address _____

Phone _____

E-mail Address _____

Assistant Coach: _____ **Phone:** _____

Team Roster – Players Full Names	Jersey Number
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- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |

Please list any conflicts: _____ **Date Received Roster and Checked:** _____

Pastor or School Principal Signature: _____

Basketball Coordinator or Coach Signature: _____



2011-12 ST. THOMAS AQUINAS ACADEMY GIRLS BASKETBALL TOURNAMENTS FORM

Location: St. Thomas Aquinas Academy

341 E. Norwich Street • Milwaukee WI • 53207 • 414-744-1214 (school)

Entry Fee: \$130 - Check payable to STAA Athletic Association

Tournament Dates & Game Times

(Game times are subject to minor changes and will be modified based on Parkview League game times)

5th Grade	Friday, February 10th	6:00, 7:00, 8:00, 9:00
	Saturday, February 11th	6:00, 7:00, 8:00, 9:00
	Sunday, February 12th	5:00, 6:00, 7:00, 8:00
6th Grade	Friday, March 9th	6:00, 7:00, 8:00, 9:00
	Saturday, March 10th	6:00, 7:00, 8:00, 9:00
	Sunday, March 11th	5:00, 6:00, 7:00, 8:00

- Team and individual trophies for 1st, 2nd & 3rd place; team trophy for consolation.
- A & B teams welcome. Sorry - no club or combination teams allowed.
- 8 Team Double Elimination Format.
- All Parkview League & WIAA rules will apply.

Please make check payable to - STAA Athletic Association
Mail the check with the Tournament Registration Form / Team Roster

To: John Kolb
3111 E. Armour Ave.
St. Francis, WI, 53235

Basketball Coordinators: John Kolb Ph. 414-305-6397 E-mail: johnkolb@netscape.com
Terry Kirby Ph. 414- 486-0477 E-mail: kriby@att.net

St. Thomas Aquinas Academy 2011-12 Girls Tournament Registration Form

Submit this completed form with \$130 Entry Fee Check – Please print legibly
 Deadlines for entries will be two weeks before each tournament date or when brackets are filled.
 Questions, please call John Kolb at 414-305-6397 or Terry Kirby at 414-486-0477.

Team _____ **Grade** _____

School Nickname _____

School Colors _____

Head Coach:

Name _____

Address _____

Phone _____

E-mail Address _____

Assistant Coach: _____ **Phone:** _____

Team Roster – Players Full Names	Jersey Number
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- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |

Please list any conflicts: _____ **Date Received Roster and Checked:** _____

Pastor or School Principal Signature: _____

Basketball Coordinator or Coach Signature: _____