



2011 St. Thomas Aquinas Academy Girls Volleyball Tournaments Form

Location: St. Thomas Aquinas Academy
341 E. Norwich Street • Milwaukee WI • 53207 • 414-744-1214 (school)

Entry Fee: \$140 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)

5 th Grade	Friday, October 14 th	5:30, 6:30, 7:30, 8:30
	Saturday, October 15 th	5:30, 6:30, 7:30, 8:30
	Sunday, October 16 th	5:30, 6:30, 7:30, 8:30
6 th Grade	Friday, October 7 ^h	5:30, 6:30, 7:30, 8:30
	Saturday, October 8 th	5:30, 6:30, 7:30, 8:30
	Sunday, October 9 th	5:30, 6:30, 7:30, 8:30
7 th Grade	Friday, September 30 th	5:30, 6:30, 7:30, 8:30
	Saturday, October 1 st	5:30, 6:30, 7:30, 8:30
	Sunday, October 2 nd	5:30, 6:30, 7:30, 8:30
8 th Grade	Friday, September 23 rd	5:30, 6:30, 7:30, 8:30
	Saturday, September 24 th	5:30, 6:30, 7:30, 8:30
	Sunday, September 25 th	5:30, 6:30, 7:30, 8:30

*** ALL COACHES WILL RECEIVE A "Ticket" FOR A
FREE BEVERAGE AND FOOD ITEM
PLAYERS WILL RECEIVE FREE POPCORN!**

- All players will receive an award. Team trophies awarded to the 1st, 2nd, and 3rd place teams
- 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 - St. Thomas Aquinas Academy Athletic Association
Mail the check with the Tournament Registration Form / Team Roster**

**To: Terry Kirby
3948 S. Whitnall Ave.
Milwaukee WI, 53207**

**Tournament Coordinator Terry Kirby Ph: 414-486-0477 or 414-617-5404
E-mail Address: kriby@att.net**



*St. Thomas Aquinas Academy 2011
Girls Volleyball Tournaments
Registration Form*



Submit this completed form with \$140 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 Terry Kirby @ 414-486-0477 or 414-617-5404 or E-mail @ kriby@att.net

Team _____ **Grade** _____

School Nickname _____

School Colors _____

Head Coach:

Name _____

Address _____

Phone _____

E-mail Address _____

Assistant Coach: _____ **Phone:** _____

Team Roster – Players Full Names

Jersey Number

- | | |
|-----------|-------|
| 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: _____

Volleyball Coordinator or Coach Signature: _____