



# Holy Apostles 2018 Championships on National 6<sup>th</sup> Grade Girls Volleyball Tournament

**When:** October 3 – October 10. Final dates & times will be based upon team conflicts and team participation.

**Where:** Holy Apostles Gym, 3875 S. 159<sup>th</sup> Street (159<sup>th</sup> north of National Ave.)

**Awards:** Team Trophy for 1<sup>st</sup>. Individual Trophies or medals for 1<sup>st</sup> & 2<sup>nd</sup>, 3<sup>rd</sup> & Consolation Champs (subject to change for pool play and/or number of teams).

## **Tournament Info:**

- ✓ Parkview Parochial League rules will apply
- ✓ No combination or all-star teams
- ✓ 8 team bracket, or 6 team pool play depending on team signup
- ✓ **THREE** match guarantee
- ✓ **Match play format.** Game #1 & #2 to 25, win by 2, cap at 30; Game #3 (if necessary) to 15, win by 2, cap at 20; if not necessary a non-starter exhibition game will be played
- ✓ One Certified Referee for each match
- ✓ Concessions available

**Fees:** Only \$150.00 - Make checks payable to the **Holy Apostles Athletic Association**

**Entries:** Team registration is on a first come basis. Signed Registration/Roster Form and check must be received to secure a spot.

**EMAIL :** Toby Shaw  
14500 West Fieldpointe Drive  
New Berlin WI 53151  
262 7870422  
tshaw4@wi.rr.com

Please contact via telephone if you do not receive a confirmation on your registration

# HOLY APOSTLES VOLLEYBALL TOURNAMENT 2018 REGISTRATION

School: \_\_\_\_\_ Mascot/Nickname: \_\_\_\_\_

Team color (e.g. Holy Apostles White): \_\_\_\_\_

Head Coach: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work/Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

League: \_\_\_\_\_ Division: \_\_\_\_\_

Current Record (if applicable): \_\_\_\_\_ Final Record Last Year: \_\_\_\_\_

List any scheduling conflicts (including the number of league games during tournament dates):

\_\_\_\_\_

\_\_\_\_\_

**Team Roster: Please list in Numeric order, print clearly.** For our tournament programs, please print players' first and last names, uniform number.

| Jersey # | Player Name | Jersey # | Player Name |
|----------|-------------|----------|-------------|
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By signing below, I verify that the roster above is the same as my league roster and no players were added from an outside team or combined to form this team. **No select, club, or All-Star teams may enter.** I acknowledge any infraction of this rule will result in disqualification from tournament without refund.

Head Coach Signature \_\_\_\_\_ Date: \_\_\_\_\_