



**ST. THOMAS
AQUINAS
ACADEMY**



NEW DATE!
ST. THOMAS AQUINAS ACADEMY **BASKETBALL**
Girls 7th Grade "B"
LEAP YEAR Tournament!

Come play on our BRAND NEW WOOD GYM FLOOR!!



Location: St. Thomas Aquinas Academy

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

REDUCED Entry Fee: \$125 (previously \$150) - Check payable to STAA Athletic Association

**7th Grade
Girls B**

**Friday, February 28th
Saturday, February 29th
Sunday, March 1st**

**Coaches: Heather Trotter/
heathertrotter16@gmail.com
Andy Kawczynski/
akawczynski@yahoo.com
Kerry Trotter/
kerrytrotter63@gmail.com**

Game Times TBD

(Game times are dependent on number of teams and will be modified based on Parkview League game times)

- **PRE-GAME CONTESTS for coaches and players!**
- **Free popcorn and drink tickets for coaches and players**
- **Excellent Concessions for all**
- All Parkview League & WIAA rules will apply.
- Depending on how many teams participate, we may run a pool play or an 8 team bracket tournament. 3 games minimum. Trophies for first, and medals for 2nd.

Please make check payable to - St. Thomas Aquinas Academy Athletic Association

Mail the check with the Tournament Registration Form / Team Roster (or e-mail)

**To: Steve Cvikel
341 E. Norwich Street
Milwaukee, WI 53207**

Basketball Coordinator: Santiago Frias- basketball@staamke.org - phone 414-745-6793

Athletic Director: Steve Cvikel Ph. 414-534-0340 (call or text) E-mail: athletics@staamke.org

St. Thomas Aquinas Academy 2019-2020 Tournament Registration Form

Submit this completed form with \$150 Entry Fee Check – Please print legibly
 Deadlines for entries will be two weeks before each tournament date or when brackets are filled.
 Questions, please contact Santiago Frias at basketball@staamke.org – 414-745-6793, or Steve Cvikel, athletics@staamke.org -414-534-0340

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: _____

Basketball Coordinator or Coach Signature: _____