

2010 St. Matthias Volleyball Tournament
Registration Form
(Please print clearly)

School: _____ Grade/Division: _____

Team Name: _____

Color (if more than one team): _____

Head Coach:

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Email: _____

Assistant Coach:

Name: _____ Phone: _____

Team Roster

**Players Full Name
Number**

Jersey

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Please list any known time conflicts: _____

Please mail completed form and fee to:

Steve Biskupski

3301 South 93rd Street #208

Milwaukee, WI 53227

Call with any questions or see if there are openings: 414-491-8811

Email: s.biskupski@yahoo.com