



2010-11 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: \$120 - 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)

8 th Grade B	Friday, January 14 th	6:00, 7:00, 8:00, 9:00
	Saturday, January 15 th	6:00, 7:00, 8:00, 9:00
	Sunday, January 16 th	5:00, 6:00, 7:00, 8:00
5 th Grade	Friday, January 21 st	6:00, 7:00, 8:00, 9:00
	Saturday, January 22 nd	6:00, 7:00, 8:00, 9:00
	Sunday, January 23 rd	5:00, 6:00, 7:00, 8:00
6 th Grade	Friday, January 28 th	6:00, 7:00, 8:00, 9:00
	Saturday, January 29 th	6:00, 7:00, 8:00, 9:00
	Sunday, January 30 th	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 - St. Thomas Aquinas Academy Athletic Association
Mail the check with the Tournament Registration Form / Team Roster

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

Basketball Coordinator: John Kolb Ph. 414-305-6397 E-mail: johnkolb@netscape.com
Athletic Director: Tom Dineen Ph. 414-294-4770 E-mail: tdineen1@wi.rr.com

St. Thomas Aquinas Academy 2010-11 Boys Tournament Registration Form

Submit this completed form with \$120 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 Tom Dineen at 414-294-4770.

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: _____



2010-11 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: \$120 - 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, February 18 th	6:00, 7:00, 8:00, 9:00
	Saturday, February 19 th	6:00, 7:00, 8:00, 9:00
	Sunday, February 20 th	5:00, 6:00, 7:00, 8:00
7 th Grade B	Friday, February 25 th	6:00, 7:00, 8:00, 9:00
	Saturday, February 26 th	6:00, 7:00, 8:00, 9:00
	Sunday, February 27 th	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 - St. Thomas Aquinas Academy Athletic Association
Mail the check with the Tournament Registration Form / Team Roster

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

Basketball Coordinator: John Kolb Ph. 414-305-6397 E-mail: johnkolb@netscape.com
Athletic Director: Tom Dineen Ph. 414-294-4770 E-mail: tdineen1@wi.rr.com

St. Thomas Aquinas Academy 2010-11 Girls Tournament Registration Form

Submit this completed form with \$120 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 Tom Dineen at 414-294-4770.

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: _____