

Saint John the  
Evangelist



and

Saint Gregory  
the Great



**3rd Annual Kick-Off Tournament**  
**5<sup>th</sup> Grade Boys and 5<sup>th</sup> Girls Basketball Tournament**  
**December 4<sup>th</sup>, 5<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup>**

**TEAMS**

- 👤 8 Boys teams and 8 Girls teams
- 👤 4 teams per pool with 3 games played in pool play
- 👤 A fourth cross-over game between pools will be played on December 12<sup>th</sup>
- 👤 **All teams will be guaranteed 4 games (games played at 5:15, 6:15, 7:30, & 8:30)**

**LOCATION**

👤 St. John's Gym  
8500 W. Coldspring Avenue  
Greenfield, WI 53228

👤 St. Greg's Gym  
60<sup>th</sup> and Oklahoma Avenue  
Milwaukee, WI 53219

**ENTRY FEE**

- 👤 Cost \$135 per team.
- 👤 **ONLY \$250** if you bring a Boys **AND** a Girls team

**OFFICIALS**

- 👤 WIAA Officials will work all games

**AWARDS**

- 👤 Each participant will receive a tournament t-shirt

**RULES**

- 👤 Parkview Parochial League rules will apply.
- 👤 All teams must comply with the rules of the Milwaukee Archdiocese, including player eligibility. Players found in violation will be ineligible to play.
- 👤 **No Tournament, AAU or Select Teams!!!**

Please email or call with questions to:

Mail To: Rick Krol  
6010 W. Bottsford Avenue  
Greenfield, WI 53220  
(414)545-6404

Email: rickkrol@wi.rr.com

TEAM ROSTER AND ENTRY FORM  
ST. JOHN'S/ST. GREG'S 3rd ANNUAL KICK-OFF BASKETBALL TOURNAMENT

SCHOOL \_\_\_\_\_ BOYS / GIRLS / BOTH (CIRCLE ONE)

SCHOOL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ESTIMATED SCHOOL ENROLLMENT \_\_\_\_\_

TEAM NICKNAME \_\_\_\_\_ UNIFORM COLORS \_\_\_\_\_  
BODY/TRIM

COACH'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ASSISTANT COACH'S NAME(S): \_\_\_\_\_

DATES & TIMES OF YOUR LEAGUE SCHEDULE DURING OUR TOURNAMENT:  
(NOTE ANY OTHER POTENTIAL CONFLICTS)

\_\_\_\_\_  
\_\_\_\_\_

	JERSEY #	NAME	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

RETURN THIS FORM WITH THE ENTRY FEE (\$135 or \$250 for both Boys and Girls)  
TO: Rick Krol 6010 W. Bottsford Avenue Greenfield, WI 53220

SIGNATURE OF ATHLETIC DIRECTOR OR COACH: \_\_\_\_\_