



**ST. THOMAS AQUINAS ACADEMY 2009  
BOYS 6TH GRADE BASKETBALL TIP-OFF TOURNAMENT**

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)*

Friday, November 27 <sup>th</sup>	1:00, 2:00, 3:00, 4:00
Saturday, November 28 <sup>th</sup>	1:00, 2:00, 3:00, 4:00
Sunday, November 29 <sup>th</sup>	1:00, 2:00, 3:00, 4:00

- Team and individual trophies for 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> 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**  
2025 E. Leroy Ave.  
St. Francis, WI, 53235

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



**St. Thomas Aquinas Academy 2009**  
**Boys 6th Grade Tip-off 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**

- |           |       |
|-----------|-------|
| 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:** \_\_\_\_\_