PARKVIEW / WACC

TEAM REGISTRATION FORM 2016

SCHOOL:							
Person to send Sch	ool c	orresp	ondenc	e to:			
Name:							
Address:		:					
City:	Zip						
Phone:							
E-Mail:			· · · · · · · · · · · · · · · · · · ·				
For 7 th and 8 th grade only Division I teams are "A" t Division II teams are "B" If a team finished with u in Division 1 please ma make the final decision number of teams entere TEAM SPECIAL DIVISION Please include any sche team conflicts such as TEAM CONFLICTS – DA	eams of teams under ke a son whed, pre	or teams or team .500 the pecial r nich tea evious r QUEST erger fo	e previounte on the precords, est cords, est	r a .500 reder a .500 syear, being form. The special reducting even	ecord the record the ut you wante Leading to the Le	previous year ne previous year yould like then ague Directors ased upon the etc. and any school during the se	n to be s will e ool or eason.
GRADE:	5	6	7I	7II	8I	811	
Number of Teams:							
Grade 8- Division	Grade 8- Division				Grade 8- Division		
Grade 7- Division	Grade 7- Division				Grade 7- Division		
Grade 6 – Color	Grade 6 – Color				Grade 6 – Color		
Grade 5 – Color	Grade 5 – Color				Grade 5 – Color		
Mail this form along with ROGER LEWICKI W176S8670 NATURE COU MUSKEGO, WI 53150 PHONE 262-679-0502		ym Ava	ilability fo	orm and a	check fo	r \$260 per tean	<u>ı to:</u>

PHONE 262-679-0502
CELL 262-894-0093
rogerlewicki@hotmail.com
DEADLINE FRIDAY JULY 22, 2016