



2010 St. Thomas Aquinas Academy Girls Volleyball Tournaments Form

Location: St. Thomas Aquinas Academy
341 E. Norwich Street • Milwaukee WI • 53207 • 414-744-1214 (school)

Entry Fee: \$130 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)

Table with 3 columns: Grade, Date, and Game Times. Rows include 5th, 6th, 7th, and 8th grades with their respective tournament dates and times.

\*ALL COACHES WILL RECEIVE A "Ticket" FOR A FREE BEVERAGE AND FOOD ITEM FOR EACH DAY OF THE TOURNAMENT! PLAYERS WILL RECEIVE FREE POPCORN!

- Team trophy & T-shirt for 1st, 2nd, 3rd. Team trophy for consolation. Medals for all others.
• 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: Terry Kirby
3948 S. Whitnall Ave
Milwaukee, WI 53207

Tournament Coordinator Terry Kirby Ph: 414-486-0477 or 414-617-5404
E-mail Address: kriby@att.net



*St. Thomas Aquinas Academy 2010  
Girls Volleyball Tournaments  
Registration Form*



**Submit this completed form with \$130 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 Terry Kirby @ 414-486-0477 or 414-617-5404

**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:** \_\_\_\_\_

**Volleyball Coordinator or Coach Signature:** \_\_\_\_\_