



2009-10 Holy Apostles 31st Basketball Tournament



You will find tournament information at the Holy Apostles School Website:
http://www.hanb.org/school/athletics/bb/tournament_info.html

6th Grade Girls Registration

When:	Monday, January 11	6:30PM – 7:30PM
	Wednesday, January 13	6:30PM – 7:30PM
	Saturday, January 16	4PM – 5PM – 6PM – 7PM
	Sunday, January 17	3:30PM – 4:30PM – 5:30PM – 6:30PM

Where: Holy Apostles Gym, 3875 S. 159th St. (½ blk north of National Ave)

Awards: Individual Trophies for 1st & 2nd Place, Medals for 3rd & Consolation Champs (subject to change for pool play). First Place receives a Team Trophy.

Tournament Info:

- 8 Team Bracket Play
- Our tournament is open to school or parish based teams played under the guidance of Milwaukee Archdiocese rules. Parkview Basketball Conference rules will apply. **No combination, All-Star, Select, or AAU teams**
- **THREE** game guarantee
- Two certified referees at all games
- Concessions available
- Each player receives one coupon good for a FREE soda & candy

Fees: Only \$135.00 – Make checks payable to the **Holy Apostles Athletic Association**

Entries: Team registration is done on first come basis. Signed rosters and checks must be received to hold your position. Send fees to each grade's Tournament Director listed below.

Mail checks and roster to: Terry Zeske
13110 W. Scarborough Dr.
New Berlin, WI 53151
(262) 821-3884

Also, please send roster via email if possible to: terry.zeske@associatedbank.com

HOLY APOSTLES BASKETBALL TOURNAMENT 2009-10 ROSTER FORM

For our tournament programs, please print players first and last names, uniform number, coach and assistant coaches' names, school mascot/nickname along with school colors for schools with multiple teams.

School: _____ Mascot/Nickname: _____

Team color (e.g. Holy Apostles White Team): _____

Grade: _____ **Boys** or **Girls** (Circle one) If 7th or 8th circle team level: **A** or **B**

Head Coach: _____ E-mail address: _____

Address: _____ City/Zip: _____

Home #: _____ Work/Cell #: _____

Assistant Coach: _____ Phone: _____

Assistant Coach: _____ Phone: _____

League: _____ Division: _____

Current Record (if applicable): _____ Final Record Last Year: _____

List any scheduling conflicts: _____

Team Roster: Please list in Numeric order, print clearly.

Player Name	Jersey #	Player Name	Jersey #

By signing below, I verify that the roster above is the same as my league roster and no players were added from an outside team or combined to form this team. **No select, Club, or All-Star teams may enter.** I acknowledge any infraction of this rule will result in disqualification from tournament without refund.

Head Coach Signature _____