HOLY ANGELS SCHOOL

VOLLEYBALL TOURNAMENT

12-18 OCTOBER 2026

7TH & 8TH GRADE GIRLS

TOURNAMENT FEE $200. MUST BE RECEIVED BY:9/28/26

230 N. 8TH AVE., WEST BEND, WI 53095

POOL PLAY:

- TWO GAMES TO 21 CAP AT 23
- ALL POOL PLAY WILL BE PLAYED ON ONE NIGHT

BRACKET PLAY:

- GOLD & SILVER BRACKET
- AWARDS FOR 1ST & 2ND PLACE

ENTRIES WILL BE TAKEN ON A FIRST-COME, FIRST-SERVED BASIS. WE WILL TAKE THE FIRST 8 TEAMS IN EACH GRADE LEVEL.

29TH ANNUAL
HOLY ANGELS VOLLEYBALL CLASSIC
OCTOBER 12 – 18, 2026
(PLEASE RETURN BY SEPTEMBER 28; KINDLY PRINT OR TYPE ALL INFORMATION)

NAME OF SCHOOL:_____
COACH(ES): _____
ATHLETIC DIRECTOR: _____
PRINCIPAL:_____
SCHOOL ADDRESS: _____
SCHOOL PHONE: _____
COACH PHONE: _____
COACH EMAIL: _____

TEAM ROSTER
PLAYER NAME & NUMBER

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

[IF PLAYERS' NUMBERS ARE NOT SUBMITTED, WE WILL LIST NAMES ONLY]

HOLD HARMLESS AGREEMENT

AS THE NAMED REPRESENTATIVE OF _____ SCHOOL, I RESOLVE TO RELEASE HOLY ANGELS SCHOOL AND PARISH, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND ATHLETIC COMMITTEE FROM ANY LIABILITY RELATED TO ANY INCIDENTS THAT OCCUR IN CONNECTION WITH THE HOLY ANGELS CLASSIC VOLLEYBALL TOURNAMENT. IT IS UNDERSTOOD THAT THE ABOVE NAMED SCHOOL AND ITS COACH ARE RESPONSIBLE FOR THE ACTIONS OF ITS PLAYERS DURING THE TOURNAMENT.

TO THE BEST OF MY KNOWLEDGE, ALL PLAYERS LISTED CONFORM TO ALL ELIGIBILITY RULES, ALL COACHES HAVE SATISFIED THE CERTIFICATION REQUIREMENTS, AND THE TEAM AND THE ATHLETIC PROGRAM ARE IN COMPLIANCE WITH ALL CURRENT ARCHDIOCESE OF MILWAUKEE POLICIES AND PROCEDURES FOR ATHLETICS.

BY: _____
TITLE: _____ DATE:_____

PLEASE MAKE CHECKS PAYABLE TO HOLY ANGELS SCHOOL

RETURN FORMS AND PAYMENT TO:
HOLY ANGELS SCHOOL
ATTN: MITCH DRAXLER
230 NORTH 8TH AVE.
WEST BEND, WI 53095

EMAIL ANY QUESTIONS & ELECTRONIC ROSTERS (PDF) TO SECURE YOUR ENTRY TO:
RACHEL DEPIES - RACHELDEPIES@GMAIL.COM