



24th Annual Holy Angels Classic Volleyball Tournament

For 7th and 8th Grade Girls

Oct. 18th – Oct. 24th Pool Play

- Pool Play consist of 2 games to 21 cap at 23
- All Pool Play will be played on one night

Oct. 23rd & Oct. 24th Bracket Play

- Top 2 teams go to Gold Bracket
- Bottom 2 teams go to Silver Bracket
- Awards for first and second place

Tournament Fee: \$140.00

Early entry fee: \$125.00 by 9/23/21

Please make checks payable to Holy Angels School. Entries must be received by Friday, October 8, 2021

Entries will be taken on a first-come, first-served basis. We will take the first 8 teams in each grade level.

Send team registration form and entry fee to:
Holy Angels School
Attn: Renee Altendorf
230 N. 8th Ave
West Bend, WI 53095

E-mail Renee Altendorf at altendorfr@haswb.org with any questions

**24th ANNUAL
HOLY ANGELS VOLLEYBALL CLASSIC**

October 18 – 24, 2021

(Please return by September 23; kindly print or type all information)

Name of School: _____
School Nickname: _____
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.		

[If players' numbers are not submitted, we will list names only]

- OVER...IMPORTANT -

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: _____

Return Forms and payment to:

**Holy Angels School
ATTN: Renee Altendorf
230 North 8th Ave.
West Bend, WI 53095**

Email electronic rosters (PDF) to secure your entry to:

Renee Altendorf - altendorfr@haswb.org

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