**School:** **Grade:**       Boys  Girls

**Nickname:**       **Colors****:**

**Coach:** **Phone:**

**Address:**       **Cell:**

**City/Zip****:**       **Email:**

**Asst. Coach:**       **Phone****:**       **Cell:**

**Asst. Coach****:**       **Phone:**       **Cell:**

**Player No. Name – First Last**

1)      

2)      

3)      

4)      

5)      

6)      

7)      

8)      

9)      

10)      

11)      

12)      

13)      

14)      

15)      

To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies and Procedures for Athletics.

The coaches have read and understand the rules and requirements for the tournament. We will ensure that our team will abide by these rules. We also understand that the brackets are subject to change. We accept that the brackets e-mailed to the Head Coach and posted in the gym dictate the date and time for each game.

Possible Game Date or Time Conflicts:

**Email this Roster to:** longmxz670@yahoo.com

**Make check payable to: St. Rita Athletic Association**

Tournament entry fee $175.00

**Mail check to:** Mike Long (262) 939-1177

8014 Christy Circle Dr.

Franksville, WI 53126