

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**