



ST. CHARLES CHARGER CHALLENGE ENTRY FORM

Division (Check One)

5 th Grade Girls	5 th Grade Boys	6 th Grade Girls	6 th Grade Boys
School Name:		Team Nickname:	
Address:		City/Zip:	
Principal's Name:		School Telephone:	
Coach's Name:		Email:	
Home Phone:		Cell Phone:	
Address:		City/Zip:	
Assistant Coaches' Names:			

*NOTE: Proof of insurance is required by all those not affiliated with the Milwaukee Archdiocese.
The \$150.00* entry fee and this entry form must be received by January 6, 2012
The entry fee for forms received after January 6, 2012 is \$160.00

Team Roster -please type or print name, grade and jersey number as it will appear in program book.

Name	Grade	#	Name	Grade	#
1.			8.		
2.			9.		
3.			10.		
4.			11.		
5.			12.		
6.			13.		
7.			14.		

We need both signatures below to verify your team roster.

Principal or Athletic Director's Signature _____

Coach's Signature _____