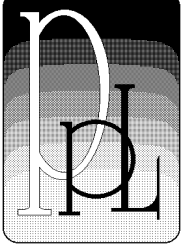


parkview parochial league



2024 Volleyball Team Entry Form



School / Parish			
Athletic Director		Volleyball Coordinator	
Phone #		Phone #	
Email		Email	
School Mergers & who will pay for merged teams			
Grade	# of Teams	Team Fees (\$425 Each Team)	Potential Conflicts (Note below & Submit additional Forms if you need more space)
5th			
6th			
7th			
8th			
Totals		\$0	

Make Checks Payable to: Parkview Parochial League

Mail Checks to : **Roger Lewicki**

W176S8670 Nature Court

Muskego, WI 53151

CELL Phone

262-894-0093

Email this form to: rogerlewicki@hotmail.com

This form must be submitted no later than Friday July 26, 2024.

Each school should identify any potential conflicts they may have for each team

You are liable to be assessed a \$200 Fee per team added or dropped or moved from one division to another after the July 26 due date depending on the disposition of the schedules at the time your change is requested.