

ST. FRANCIS XAVIER Spring Fling VOLLEYBALL CLASSIC

Tournament Date: Saturday, June 12th

Pool Play followed by Single Elimination Tournament
Pool Play - 2 games to 21 cap 23
Tournament Play - Best 2 out of 3 games to 21 cap 23
3rd game to 15 Cap 17

1st place Prizes awarded

Divisions Adult Co-ed and Youth Grades 6 -12 (Subject to change based on team registrations)

All games played on the grass at St. Francis Xavier Catholic Church 155 Stringer Lane, Mt. Washington, KY 40047 Games are rain or shine

Non-refundable Entry Fee is \$25 per player - Made Payable to SFX

Price includes tournament t-shirt

Completed Registration Form and entry fees need to be returned to SFX by Wednesday, May 26th % Julie Adams

Concessions from Valu-Market grill for lunch and Fish Dinner will be available. Other events include Lucky Number, Split the Pot, and music can be enjoyed.

Capital Prize Raffle Tickets will be sold.

COVID RULES

Archdiocese Guidelines will be enforced throughout the event.

Don't miss out on the FUN!

Space will be limited, register early!

St. Francis Xavier Church Volleyball Classic

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Please fill out the registration below and send in with your tou Return/or mail form and entry fee to SFX, 115 Stringer Lane,	rnament fee b	y May 26th.
	ılieladams37@	gmail.com
Name of Players	Age	Shirt Size
ver: If participant is under 18, parent/guardian signature is release the St. Francis Xavier Staff and Church from an es incurred while participating in the SFX Volleyball Classic. I have me	equired. y and all liability edical insurance	, which would
	Please fill out the registration below and send in with your tou Return/or mail form and entry fee to SFX, 115 Stringer Lane, % Julie Adams Any questions contact SFX office at 502-538-4933 or email junch Name of Players M NAME: ase circle your team captain & provide a phone number Player: If participant is under 18, parent/guardian signature is reby waive and release the St. Francis Xavier Staff and Church from an es incurred while participating in the SFX Volleyball Classic. I have mer any injury sustained while participating in activities at St. Francis Xavier thurch and volleyball staff from any liability. se sign & date:	Name of Players Age M NAME: ase circle your team captain & provide a phone number PH# Age: Age Age M PH# Age Age Age M NAME: ase circle your team captain & provide a phone number PH# Age: Age Age Age Age M NAME: ase circle your team captain & provide a phone number PH# Age: Age Age Age M NAME: ase circle your team captain & provide a phone number PH# Age: Age: Age Age Age Age Age A