**St. Peter the Apostle Catholic High School**

**“Clash with the Spartans” Sr. Volleyball Tournament**

**September 25th/26th 2020**

**Tournament Info:**

Entry Fee:$300 – Please make check payable to St. Peter the Apostle Catholic High School.

Coach’s room will be available in the staff room Friday afternoon and Saturday.

Cafeteria Service will be available for players and spectators.

We ask that players only use volleyballs in the gyms or outside, not in the hallways.

**Competition Format:**

Round Robin:10 Men’s and 10 Women’s teams – each with 2 pools of 5.

Top 3 teams in each pool advance to playoffs.

All matches are played at St. Peter the Apostle CHS.

**All round robin matches will be best two out of three games. All matches will be rally point to 25 capped at 27 in games 1 and 2, with the third game tiebreaker to 15 capped at 17.**

Tie breaking procedure is based on ASAA guidelines with the following exception:

* Teams can and will be eliminated from playoffs based on a tie breaking procedure.

**Playoffs:**

1st place in each pool gets a bye into semifinals.

2nd place in each pool crossover and play the 3rd place team in the other pool.

**All playoff matches will be best two out of three games. All matches will be rally point to 25 with no cap in games 1 and 2. The third game tiebreaker will be played to 15 with no cap.**

**Awards:** 1st and 2nd place awards will be presented

Further information will be forthcoming in early September once the draw has been set. If you have any further questions please feel free to e-mail Chris Delano: [cdelano@ecsrd.ca](mailto:cdelano@ecsrd.ca).

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**Sr. Volleyball Tournament**

**September 25th/26th 2020**

# REGISTRATION FORM

SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WE WOULD LIKE TO REGISTER:

\_\_\_\_Both Teams \_\_\_\_Boys Team Only \_\_\_\_Girls Team Only

*Preferences will be given to teams that can send both a boys and girls team*

PLEASE RETURN THIS FORM ASAP TO:

Chris Delano

Athletic Director

St. Peter the Apostle CHS

Email: cdelano@ecsrd.ca