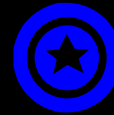


32ND ANNUAL ST. GEORGE DEANERY

BATTLE OF THE YOUTH



SUPER HEROES



SUNDAY, OCTOBER 8, 2017



1:00-6:00 PM

KALIDA ST. MICHAEL CHURCH



PARK BY THE BIG BASEBALL FIELD

CONTACT JILL ZELLER 419-532-3494 (X103) FOR REGISTRATION FORMS, OR LOG ON TO:
www.stmichaelskalida.org AND CLICK ON THE YOUTH GROUP TAB.

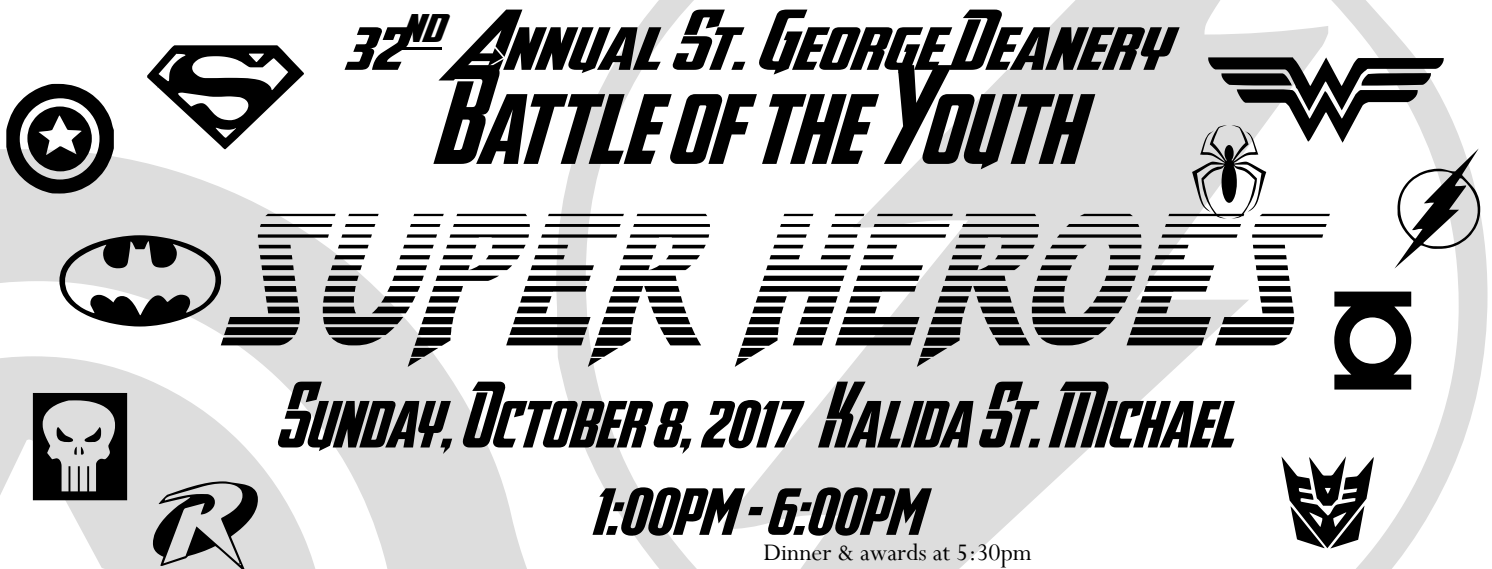
COME REPRESENTING YOUR
FAVORITE **SUPER HERO**.
POINTS AWARDED FOR
DRESS, TEAM SPIRIT,
AND SO MUCH MORE...
SO BE CREATIVE!!!!

...And that's how I saved the world.

SELECT A NAME FOR YOUR TEAM,
TEXT YOUR TEAM NAME
TO JILL ZELLER @ 567-376-9115

REGISTRATIONS DUE
THURSDAY, SEPTEMBER 27!!





32ND ANNUAL ST. GEORGE DEANERY BATTLE OF THE YOUTH

SUPER HEROES

SUNDAY, OCTOBER 8, 2017 KALIDA ST. MICHAEL

1:00PM - 6:00PM

Dinner & awards at 5:30pm

Battle of Youth is a series of fun, sort of crazy athletic events held at various locations the past 30+ years in our Putnam County area.

Kalida St. Michael Parish is proud to be the host of this year's event,

BATTLE OF THE SUPERHEROES

- ★ Registration 1:00 at Kalida St. Michael. If rain, the event will be held in St. Michael's Gymnasium
- ★ Each team must consist of 5 girls & maximum of 5 boys with an adult coach, 21 years old or older
You may have ONE alternate team member, as well, who could dress as your Mascot!
- ★ Cost is \$50.00 per team (10 members + 1 alternate/mascot + 1 coach)
- ★ Teams should dress in a Super Hero theme
- ★ Your **team name** should be creative & appropriate with some imagination, **try to keep Jesus in mind**
- ★ Points are earned from games, and by your costumes, banner or sign w/ team name, originality and mascot
- ★ A SPIRIT TROPHY will be awarded separately to the team demonstrating most creativity, spirit good sportsmanship & a positive attitude
- ★ Water & snacks will be available throughout the day at no charge

Please mail the registration form, and the non-refundable fee of \$50.00 per team, payable to:

Kalida St. Michael PO Box 387 Kalida, OH 45853

Registrations are due September 27.

Emergency Medical forms for each member of your team should be given to your Youth Minister.



Adult coach (must be at least 21) _____

Coach's Address _____ Coach's Phone _____

Team Name _____

Names of 5 girls (must be in High School)	Names of 5 boys (must be in High School)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
Mascot / Alternate (optional) _____	

Registrations are due September 27. Make checks payable to: Kalida St. Michael, PO Box 387 Kalida, OH 45853
any questions? please call Jill Zeller 419-532-3494 (x103) or 567-376-9115