

# *St. Stephen's* **SOCGER COACHES**

***WANTED***

We are still Looking for coaches for the following  
teams:

**Varsity - Grades 7-8 (Head Coach and Asst. Coach)**

***TEAMS NEED TO BEGIN PRACTICE AS SOON AS WE  
RETURN FROM SPRING BREAK!***

***TEAMS WITHOUT A COACH WILL BE ELIMINATED  
FROM THE ROSTER***



**PLEASE CONTACT KATHY SIPPEL AT  
[SIPPELE@STSTEPHENSGL.ORG](mailto:SIPPELE@STSTEPHENSGL.ORG)**

**SEASON RUNS FROM:  
4/28/24 - 6/2/24**



To: Grades 1-2 and parents

Date: March 27, 2024

Subject: 2024 MITES Soccer

Coaches: Mrs. Allison Wild and Mrs. Michele Vaughn

Practice days: **Fridays - 3:30 - 4:15 pm** (Starts April 19th)  
At St. Stephen's soccer field

Fee: **TBD**

- Please complete the registration form below (One per athlete), and return to the school no later than **April 9, 2024**.
- There will be a team fee that will be split among players, the total will depend on uniforms and number of players.
- If you **have any questions, please contact Ms. Kathy Sippel at** [sippele@ststephensgi.org](mailto:sippele@ststephensgi.org) or (718) 915-7945

ST. STEPHEN SCHOOL - 2024 MITES SOCCER	
NAME OF STUDENT:	
GRADE:	DATE OF BIRTH:
HOME PHONE:	CELL:
PARENTS NAME:	
EMAIL:	
SIGNATURE:	DATE:

To: Grades 3-4 and parents

Date: March 27, 2024

Subject: 2024 PeeWee Soccer

Coach: Mrs. Johnson

Practice days: Fridays- 3:30 - 4:15  
**Practice starts on Friday, April 12th @ St. Stephen soccer field**

Fee: TBD

- Please complete the registration form below (One per athlete), and return to the school no later than **Tuesday, April 9, 2024.**
- There will be a team fee that will be split among players, the total will depend on uniforms and number of players.
- If you **have any questions, please contact Ms. Kathy Sippel at** [sippele@ststephensgi.org](mailto:sippele@ststephensgi.org) or (718) 915-7945

ST. STEPHEN SCHOOL - 2024 PeeWee SOCCER	
NAME OF STUDENT:	
GRADE:	DATE OF BIRTH:
HOME PHONE:	CELL:
PARENTS NAME:	
EMAIL:	
SIGNATURE:	DATE:

To: Grades 7-8 and parents

Date: March 27, 2024

Subject: 2024 Varsity Soccer

Coach: TBD

Practice days: TBD

Fee: TBD

- Please complete the registration form below (One per athlete), and return to the school no later than **Tuesday, April 9th, 2024.**
- There will be a team fee that will be split among players, the total will depend on uniforms and number of players.
- If you **have any questions, please contact Ms. Kathy Sippel at** [sippele@ststephensgi.org](mailto:sippele@ststephensgi.org) or (718) 915-7945

ST. STEPHEN SCHOOL - 2024 VARSITY SOCCER	
NAME OF STUDENT:	
GRADE:	DATE OF BIRTH:
HOME PHONE:	CELL:
PARENTS NAME:	
EMAIL:	
SIGNATURE:	DATE:

To: Grades 5-6 and parents

Date: March 27, 2024

Subject: 2024 Junior Varsity Soccer

Coach: Mr. Jason Cassata

Practice days: Mondays - 3:30 - 4:40  
Saturdays - 9:30 am - 10:45 am  
**Practice starts Saturday, April 13th at St. Stephens Soccer field**

Fee: TBD

- Please complete the registration form below (One per athlete), and return to the school no later than **Tuesday, April 9th, 2024.**
- There will be a team fee that will be split among players, the total will depend on uniforms and number of players.
- If you **have any questions, please contact Ms. Kathy Sippel at** [sippele@ststephensqi.org](mailto:sippele@ststephensqi.org) or (718) 915-7945

ST. STEPHEN SCHOOL - 2024 JUNIOR VARSITY SOCCER	
NAME OF STUDENT:	
GRADE:	DATE OF BIRTH:
HOME PHONE:	CELL:
PARENTS NAME:	
EMAIL:	
SIGNATURE:	DATE:



***COACH NEEDED***

***PRACTICE STARTS THE WEEK OF APRIL 9TH***

**PLEASE CONTACT KATHY SIPPEL AT  
SIPPELE@STSTEPHENS.GI.ORG  
ASAP**

To: Grades 6-8 and parents

Date: March 20, 2024

Subject: 2024 Boys Varsity Volleyball

Coach: TBD

Practice days: **TBD**

Fee: **TBD**

- Please complete the registration form below (One per athlete), and return to the school no later than **Friday, March 22nd**.
- **Please have your player prepared with knee pads.**
- If you **have any questions**, please contact Ms. Kathy Sippel at [sippele@ststephensgi.org](mailto:sippele@ststephensgi.org) or (718) 915-7945

ST. STEPHEN SCHOOL - 2024 BOYS VARSITY VOLLEYBALL	
NAME OF STUDENT:	
GRADE:	DATE OF BIRTH:
HOME PHONE:	CELL:
PARENTS NAME:	
EMAIL:	
SIGNATURE:	DATE: