

CYO SPORTS DIRECTOR  
2718 W. Woodlawn Ave.  
P.O. Box 28036  
San Antonio, TX 78228

THIS IS TO VERIFY THAT:

(A.) \_\_\_\_\_, \_\_\_\_\_ attempted to register at  
(PLAYER'S NAME) (ADDRESS)  
\_\_\_\_\_ in Zone \_\_\_\_\_ on \_\_\_\_\_ in the \_\_\_\_\_ division for  
(PARISH) (ZONE) (DATE) (DIVISION)  
\_\_\_\_\_ but his/her team was FULL/NOT FORMED/NO PROGRAM. Since a team is not available  
(SPORT) (CIRCLE ONE)  
\_\_\_\_\_ is given permission to participate at \_\_\_\_\_ in Zone \_\_\_\_\_  
(NAME) (PARISH) (ZONE)  
for the \_\_\_\_\_ season on Mr/Mrs. \_\_\_\_\_ team.  
(SPORT) (COACH'S NAME)  
\_\_\_\_\_  
CYO PARISH PRESIDENT/DATE PARISH ATHLETIC DIRECTOR/DATE ZONE PRESIDENT/DATE

(B.) Zone \_\_\_\_\_ does not have a league in the \_\_\_\_\_ division for the \_\_\_\_\_ program.  
(ZONE) (DIVISION) (SPORT)  
\_\_\_\_\_ is given permission to play for  
(PLAYER'S NAME) (ADDRESS)  
\_\_\_\_\_ as the adjacent or closest parish in Zone \_\_\_\_\_  
(PARISH) (ZONE)

\_\_\_\_\_  
ZONE PRESIDENT/DATE

**ALSO FILL OUT (A) ABOVE**

(C.) The following parishes in Zone \_\_\_\_\_ do not have a team available for \_\_\_\_\_  
(ZONE) (PLAYER'S NAME)  
\_\_\_\_\_ to play on.  
(ADDRESS)

**ALSO FILL OUT (A) ABOVE**

Blessed Sacrament PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
Holy Spirit PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
Mount Sacred Heart PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
Our Lady of Perpetual Help PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
St John the Evangelist PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
St Mark PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
St Helena PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE