

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

Holy Name PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
St Gerard PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
St Jeromes PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
St Margaret Mary PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
St Ann (LaVernia) PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE