

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

_____ St Bonaventure PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ St Cecilia PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ St Henry PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ St James PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ St. Joseph (So.San) PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ St Leo PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ St Philip PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE