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

THIS IS TO VERIFY THAT:

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

CYO PARISH PRESIDENT/DATE	PARISH ATHLETIC DIRECTOR/DATE	ZONE PRESIDENT/DATE

(B.) Zone _____ (ZONE) does not have a league in the _____ (DIVISION) division for the _____ (SPORT) program.

_____ (PLAYER'S NAME) _____ (ADDRESS) is given permission to play for _____ (PARISH) as the adjacent or closest parish in Zone _____ (ZONE).

_____
ZONE PRESIDENT/DATE

ALSO FILL OUT (A) ABOVE

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

ALSO FILL OUT (A) ABOVE

PARISH	CYO PARISH PRESIDENT/DATE	PARISH ATHLETIC/DATE
PARISH	CYO PARISH PRESIDENT/DATE	PARISH ATHLETIC/DATE
PARISH	CYO PARISH PRESIDENT/DATE	PARISH ATHLETIC/DATE
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