

CATHOLIC YOUTH APOSTOLATE--CYC SPORTS OFFICIAL ROSTER

PARISH NAME : _____

Sport: Kickball

Team Gender: Male/Female/CO-ED: _____

Division: High School

Team Classification: Closed/Open: _____

DISTRICT/OFFICE USE ONLY

See reverse side for information on ** and other definitions

#	Uniform #	Player's name as it appears on their CYC ID Card			Address	Zip	Home Phone	Birthdate Mo/Day/Year	** If Catholic, Parish in which you are a registered member	Catholic Parish whose boundaries you live within	School Attending	Closed/Open	Grade	** P.S.R. Day
		First	MI	Last Name										
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Mgr./ Head Coach	First Name	Last Name	Address	Zip Code	Home Phone	Work Phone	Cell Phone	Email Address	Coach's ID#
Coach									
Coach									
Coach									
Coach									

Spiritual Director Signature or Authorized Representative _____

Manager's Signature _____

Date _____