

CYC PLAYOFF CONFLICT INFORMATION SHEET



Sport: Basketball

Name of Parish/Organization: _____

Coach/Manager's Name: _____

Email: _____

Home #: _____ Cell #: _____

Division/Grade: 5th Grade/Midget 6th Grade/Crusader

7th Grade/Cadet 8th Grade/Intermediate

Parochial

9-10th Grade/Juvenile 11-12th Grade/Junior



Declaration: Closed Open

Gender: Male Female

Nature of Conflict _____

Date/Time of Conflict _____

Nature of Conflict _____

Date/Time of Conflict _____

Nature of Conflict _____

Date/Time of Conflict _____

Potential Conflicts need to be submitted by March 28, 2018.

*Please provide the **EXACT** nature of your conflict and the time of the conflict.*

**** If a conflict is Parish/School related, please send a letter from your parish/school to verify the event.**

Be advised that if your conflict is submitted by the deadline date, if the conflict is for an entire week/weekend, that we will most likely NOT be able to schedule around your conflict.