

**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										
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

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 \_\_\_\_\_