

Parish Athletic Association Personnel Form

Parish: _____

Association Meeting Night: _____

Start Time for Meeting: _____

Location of Meeting: _____

President:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Vice-President:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

CYC Board of Control Rep:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Secretary:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Treasurer:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Parish Athletic Association Personnel Form--Sport Lay Directors

Parish: _____

Association Meeting Night: _____

Start Time for Meeting: _____

Location of Meeting: _____

Basketball:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Baseball:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Soccer:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Softball:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Volleyball:

Address: _____	Home Number: _____
City: _____	Work Number: _____
State: _____	Cell Number: _____
Zip: _____	Fax Number: _____
Home Email Address: _____	Spouse's First Name: _____
Work Email Address: _____	

Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N

Parish Athletic Association Personnel Form--Sport Lay Directors

Parish: _____

Association Meeting Night: _____

Start Time for Meeting: _____

Location of Meeting: _____

Track:	_____	Home Number:	_____
Address:	_____	Work Number:	_____
City:	_____	Cell Number:	_____
State:	_____	Fax Number:	_____
Zip:	_____	Spouse's First Name:	_____
Home Email Address:	_____		
Work Email Address:	_____		
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>			

Golf:	_____	Home Number:	_____
Address:	_____	Work Number:	_____
City:	_____	Cell Number:	_____
State:	_____	Fax Number:	_____
Zip:	_____	Spouse's First Name:	_____
Home Email Address:	_____		
Work Email Address:	_____		
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>			

Address:	_____	Home Number:	_____
City:	_____	Work Number:	_____
State:	_____	Cell Number:	_____
Zip:	_____	Fax Number:	_____
Home Email Address:	_____	Spouse's First Name:	_____
Work Email Address:	_____		
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>			

Address:	_____	Home Number:	_____
City:	_____	Work Number:	_____
State:	_____	Cell Number:	_____
Zip:	_____	Fax Number:	_____
Home Email Address:	_____	Spouse's First Name:	_____
Work Email Address:	_____		
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>			

Address:	_____	Home Number:	_____
City:	_____	Work Number:	_____
State:	_____	Cell Number:	_____
Zip:	_____	Fax Number:	_____
Home Email Address:	_____	Spouse's First Name:	_____
Work Email Address:	_____		
<i>Completed MO. State Child Abuse Y - N, Protecting God's Children Y - N, Code of Conduct Y - N</i>			