

**CATHOLIC YOUTH APOSTOLATE
CYC Sports
Archdiocese of St. Louis
DISTRICT to DISTRICT; PLAYER REASSIGNMENT FORM**

To: District Sports Chairperson

SPORT _____

PLAYER'S NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

BIRTHDATE _____ PHONE NUMBER _____

“Open” _____ or “Closed “ _____ player.

PARISH / ORGANIZATION _____

SCHOOL ATTENDING _____

We hereby request the above named individual be reassigned to parish in another District to play within his/her division because _____ Parish / District is unable to field a team in the _____ Minor / Major Division. If request is for a different reason; please attach a letter stating reason.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

LAY DIRECTOR'S SIGNATURE _____ DATE _____

DISTRICT or SPORT CHAIRPERSON (*Releasing District*) _____

DISTRICT or SPORT CHAIRPERSON (*Receiving District*) _____

APPROVED [] DENIED []

DATE RECEIVED _____ RECEIVED BY _____ TITLE _____

The above named player has been reassigned to play for _____ Parish/District.

Please attach a copy of this form to your district-receipted roster.

APPROVAL INSTRUCTIONS

1. Submit copies as required by District.
2. One copy should be returned to Lay Director of the parish receiving player with signature as approved or denied.
3. The District Sports Chairperson/CYC Office will keep the copy on file.
4. Inter District reassignments require approval of both District Chairpersons.

Date _____ District Sport Chairperson _____