CATHOLIC YOUTH COUNCIL
OFFICIAL ADULT DIVISION TEAM ROSTER

TEAM_____ **DATE REC'D. CYC OFFICE**_____

PLEASE CHECK: SPORT ( ) SOCCER ( ) VOLLEYBALL ( ) BASKETBALL ( ) BASEBALL ( ) SOFTBALL ( ) KICKBALL

DIVISION ( ) ADULT MEN ( ) ADULT WOMEN ( ) ADULT COED

#	PRINT FULL NAME	SIGNATURE	ADDRESS	ZIP	H PHONE	W PHONE	BIRTH DATE

MANAGER'S SIGNATURE_____**DATE SIGNED**_____

ROSTER RECEIPTED_____**DATE**_____**NO. OF PLAYERS**_____