

CYC PLAYOFF OFFICIALS

Candidate Information

Please Print and Fill out completely

District: _____ **Sport:** _____ **Date Submitted:** _____

Sport Chair: _____ **Home Phone:** _____ **Work Phone:** _____

Email Address: _____ **Fax Number:** _____

Send form to: CYC Sports Department, 20 Archbishop May Dr., St. Louis, Mo, 63119

A W-9 can be obtained from our website www.cycstl.net (314) 792-7605 CYC Fax (314) 792-7619

Name					<i>Divisions Qualified to Officiate:</i>				
Address					Midget	<input type="checkbox"/>	Crusader		<input type="checkbox"/>
City/State/Zip					Cadet	<input type="checkbox"/>	Intermediate		<input type="checkbox"/>
Home Phone					High School	<input type="checkbox"/>			
Work Phone					<i>Times available to work</i>				
Email Address					Any time	<input type="checkbox"/>			
Social Security #					Sunday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	<input type="checkbox"/>
Parish					Tuesday	<input type="checkbox"/>	Wednesday		<input type="checkbox"/>
Does Candidate have a W-9 on file with our office?	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
Has Official completed the Archdiocesan Requirements?									
Protecting God's Children Program	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Notes:				
Background check	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Code of Ethical Conduct	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

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