CYO VOLLEYBALL LEAGUE

GRADE

BOYS\_\_GIRLS\_\_

TEAM ENTRY FORM

PARISH/SCHOOL NAME:

ATHLETIC DIRECTOR INFORMATION: COACH INFORMATION:

NAME: NAME:

ADDRESS: ADDRESS:

CITY & ZIP: CITY & ZIP:

HOME PHONE:( ) HOME PHONE:( )

WORK PHONE:( ) WORK PHONE:( )

CELL:( ) CELL:( )

FAX:( ) FAX:( )

E-MAIL: E-MAIL:

ALL PARISHES/SCHOOLS SPONSORING TEAMS AGREE TO ADHERE TO CYO RULES AND REGULATIONS, AND ARE SUBJECT TO PENALTIES RESULTING FROM ANY INFRACTIONS.

SIGNATURE OF PASTOR/DESIGNEE:

* YES, WE WILL ATTEND THE MANDATORY PLAY LIKE A CHAMPION TRAINING CLINIC.

SIGNATURE OF ATHLETIC DIRECTOR/DESIGNEE:

PLEASE LIST DAYS AND DATES THAT YOU ARE NOT ABLE TO PLAY ONLY:

ENTRY FEE: $200.00 PER TEAM

# MAIL TO: CYO ATHLETICS: 1201 CORPUS CHRISTI, LAREDO TEXAS 78040

OFFICE USE ONLY:

Amount Received: Check #: Date Received: