

Please put an "x" in the appropriate	<u>SELECT THE APPLICABLE DIVISION FOR YOUR TEAM</u>
	5th & 6th grade boys
	5th & 6th grade girls
	7th & 8th grade boys
7th & 8th grade girls	

**PLEASE PRINT CLEARLY ON
BOTH FRONT AND BACK PAGES
WITH DARK PEN**

<u>SCHOOL INFORMATION</u>	
School Name	
<small>If your School is sponsoring 2 or more teams in the same division, indicate color, number, or letter of this team.</small>	
School Contact (Principal, AD, etc.)	
E-mail address	
School Phone	

<u>COACHES INFORMATION</u>					
<u>Title</u>	<u>Name</u>	<u>Email</u>	<u>Phone #</u>	<u>Cell Phone #</u>	<u>Address</u>
Head					
Asst.					
Asst.					
Asst.					
Asst.					

PLAYER INFORMATION

	<u>Player's Name</u>	Age on 31 Dec	Birthdate	<u>Grade</u>	Uniform Number			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

IMPORTANT! With my signature below, I certify that all of the above listed players attend the specified school on a full time basis and meet ALL eligibility requirements to participate in the Diocese Catholic School Tournament.

Signature of Head Coach

Date:

Signature of Principal or Athletic Director

Date:

Signature of CYO Athletic Board Member

Date:

(We will sign this after you send it in)

Roster will not be accepted unless accompanied by fee payment.