TRANSFER REQUEST APPLICATION

This application must be completely filled out and submitted to CYO via email, cyo@toledodiocese.org, prior to the roster deadline for this sport.

ATHLETE'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

GRADE: _____ **SEX:** _____ **PHONE:** _____

PARISH/SCHOOL OF WHICH YOU ARE A MEMBER OF: _____

PARENTS' NAMES: _____

SPORT YOU ARE REQUESTING TO PLAY: _____

DID YOU PLAY THIS SPORT IN THE CYO PROGRAM LAST YEAR? _____ **YES** _____ **NO**

PARISH FOR WHICH YOU PLAYED LAST YEAR: _____

DOES YOUR PARISH HAVE A TEAM IN THE SPORT THIS SEASON? _____ **YES** _____ **NO**

DESCRIBE YOUR REQUEST IN DETAIL:

_____

_____

_____

We, the undersigned, do hereby acknowledge the above information to be true to the best of our knowledge. Any false information will nullify this application.

_____ _____
PLAYER'S SIGNATURE **DATE**

_____ _____
PARENT/GUARDIAN SIGNATURE **DATE**

_____ _____
AD SIGNATURE OF PARISH/SCHOOL PLAYER BELONGS TO **DATE**

_____ _____
PASTOR SIGNATURE OF PARISH OR PRINCIPAL SIGNATURE OF SCHOOL PLAYER BELONGS TO **DATE**

_____ _____
AD SIGNATURE OF PARISH/SCHOOL REQUESTING TO PLAY **DATE**

_____ _____
PASTOR SIGNATURE OF PARISH OR PRINCIPAL SIGNATURE OF SCHOOL REQUESTING TO PLAY **DATE**

(ALL signatures are NECESSARY to VALIDATE this application and must be LEGIBLE)

FOR CYO STAFF USE ONLY

Accepted: _____ **Rejected:** _____ **Date sent:** _____ **Initial:** _____

Comments: _____