

| COOPERATIVE TEAM REQUEST APPLICATION

	request. It is re		-	nd form a competitive team in the sport an eive and accept this application to form a	d
• Grade:	, Boy	/ Girl, S	port:		
The sponsors for this prop Toledo and are identified a		ve team are CYO n	nember progra	ams in good standing with the Diocese of	
• Primary				Ci	
• Secondary				_ , City:	
School / Parish:				_ , City:	
Additional (if app					
			_ , City:		
December the Democratic					
Reason for the Request? Detail the reason for this r	equest and why	v vou. as the Athle	tic Administra	tor, believe it should be granted.	
	oquoot and trin	, , , , , , , , , , , , , , , , , , , ,		to,, senere it one and se grantea.	
Transfer Request Roster Below are names of studer					
Student-Athlete	/ Full Name	Grade	Gender	School / Parish	
Approval This form requires agreem CYO Offices for approval.	ent and approv	al by all Pastoral L	eaders, and A	thletic Directors before being submitted to	the
Primary School / Parish:					
, .	Pastor			Athletic Director	
Secondary School / Parish:					
	Pastor			Athletic Director	
Additional School / Davich					
Additional School / Parish: (if applicable)	Pastor			Athletic Director	
CYO Staff Use ONLY:	Accepted () Reject	ted ()	Date:// Initial:	