

Please complete this form as part of the process for submitting a completed team roster prior to the Roster Submission Deadline for the respective sport. There should be only ONE roster submission form per team.

Roster Submission (Please Print Legib	ly)		
ParishYe	ar Expected Roste	er Size	
• Grade:, Boy	/ Girl , Sport:		
<b>Sports Offered</b> : Fall – Cross Country, F Tee Ball, Track & Field	_	l; Winter – Basketball; Sp	oring – Soccer, Softball,
Assigned Coaches (Please Print Legibly	<i>(</i> )		
I. Head Coach			
Last Name	First Name	<u> </u>	
Street Address	City:	State:	Zip:
Cell Phone	Best Method of Contact: (	) Phone Call, ( ) Text, (	) Email
I. Assistant Coach (if applicable)			
ast Name	First Name		
Street Address	City:	State:	Zip:
Cell Phone	Best Method of Contact: (	) Phone Call, ( ) Text, (	) Email
II. Assistant Coach (if applicable)			
ast Name	First Name	<u> </u>	
Street Address	City:	State:	Zip:
Cell Phone	Best Method of Contact: (	) Phone Call, ( ) Text, (	) Email
Approval This form requires agreement and app CYO Offices for approval. By signing, t submission form are in compliance wit	his signifies that, to the best of	f your knowledge, the pla	_
Pastor		c Director	 Date

## **Submitted Roster** (Please Print Legibly)

If preferred, rosters may be downloaded directly from FinalForms and submitted along with the Team Roster Submission Form (front page).

	Name	Address	Birthday (MM/DD/YY)	Parish	Grade
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
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