



TRANSFER REQUEST APPLICATION

**This application must be completely filled out and submitted to the CYO Office, 1933 Spielbusch Avenue, Toledo, OH 43604 prior to the roster deadline for this sport.*

ATHLETE'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

GRADE: _____ SEX: _____ PHONE: _____

PARISH OF WHICH YOU ARE A MEMBER: _____

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:

FOR CYO STAFF USE ONLY

Accepted: _____

Rejected: _____

Date sent: _____

Comments: _____

Initial: _____

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: _____

COACH'S SIGNATURE: _____

DATE: _____

PASTOR'S SIGNATURE: _____

DATE: _____

SIGNATURE OF PASTOR OF PARISH FOR WHICH YOU ARE REQUESTING PERMISSION TO PLAY:

_____ DATE: _____

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