

PLEASE PRINT OR TYPE

Parish: _____ **City:** _____ **Diocese:** _____

Team Nickname: _____ **W/L Record** _____ / _____ **Uniform Colors: Jersey -** _____ **Shorts -** _____

Head Coach: _____ **Phone (H):** _____

Email Address: _____ **Phone (C/W):** _____

Asst Coach: _____ **Phone (H):** _____

Email Address: _____ **Phone (C/W):** _____

[illegible]

This roster will be accepted as proof of the eligibility of each player if verified and signed by the parish pastor or school principal. The players listed above and their parents are registered members of this parish/school as stipulated by the State CYO Tournament Bylaws.

PASTOR'S SIGNATURE: _____ **DATE:** _____ **PARISH SEAL:** _____