

If you attend the "Sexual Abuse" seminar at a location **other than one** that is designated specifically for Coaches' Certification, please fill out the form below, cut this sheet in half, and turn it into the facilitator and ask them to forward it to the CYO Office. This is the only record we will have to prove your attendance at the seminar.

**CYO COACHES CERTIFICATION SEMINAR
REGISTRATION FORM**

OYM/CYO
145 TAYLOR STREET, N. E.
WASHINGTON, D.C. 20017

(Please print clearly)

SOCIAL SECURITY #: _____ - _____ - _____

NAME: _____ BIRTH DATE: ____ / ____ / ____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (H) _____ (W) _____ (FAX) _____

E-MAIL ADDRESS: _____

PARISH FOR WHOM YOU COACH: _____ (CODE): _____

DATE OF SESSION YOU ARE ATTENDING: _____

For Office Use Only:

Sport: Soccer (902) Basketball (903) Baseball (904) Softball (905) Track (906) Cheerleading (907)

Sent card, patch, certificate, and letter: _____

Added to Master List: _____