

OFFICE OF YOUTH MINISTRY
145 TAYLOR STREET, N.E.
P.O. Box 29260
WASHINGTON, D.C. 20017-0260
202-281-2460 (OYM Main Line)

ARCHDIOCESE OF WASHINGTON
ATHLETIC TEAM REGISTRATION 20_____

PARISH: _____
202-281-2464 (CYO Main Line) 202-281-2470 (Fax)

COACH: _____

HOME ADDRESS: _____ E-MAIL ADDRESS: _____

FAX NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

DATES/TIME TEAM CANNOT PLAY _____
Please state the reason(s)...This does not guarantee that this(these) request(s) can be met !!

PLEASE CHECK THE APPROPRIATE BOXES:

- | | | | |
|---|--------------------------------|---|--|
| <input type="checkbox"/> CADET 1ST | <input type="checkbox"/> BOYS | <input type="checkbox"/> NON-TOURNAMENT | <input type="checkbox"/> FOOTBALL |
| <input type="checkbox"/> CADET 2ND | <input type="checkbox"/> GIRLS | <input type="checkbox"/> TOURNAMENT | <input type="checkbox"/> FALL SOCCER |
| <input type="checkbox"/> ROOKIE | <input type="checkbox"/> Co-Ed | <input type="checkbox"/> MID-ATLANTIC | <input type="checkbox"/> CHEERLEADING |
| <input type="checkbox"/> JUNIOR VARSITY | | <input type="checkbox"/> A TEAM _____ | <input type="checkbox"/> BASKETBALL |
| <input type="checkbox"/> VARSITY | | <input type="checkbox"/> B TEAM _____ | <input type="checkbox"/> BASEBALL |
| <input type="checkbox"/> INTERMEDIATE | | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> SOFTBALL |
| <input type="checkbox"/> SENIOR | | | <input type="checkbox"/> SPRING SOCCER |
| <input type="checkbox"/> OTHER _____ | | | <input type="checkbox"/> TRACK |
| <input type="checkbox"/> LBS _____ | | | <input type="checkbox"/> OTHER _____ |

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