

2016 CYO BASKETBALL - TEAM ROSTER

Revised 10/2016

Parish/Organization: _____

Division (Check One): ☐ Boys ☐ Girls

Level (Check One): ☐ Grammar ☐ JV ☐ Varsity

I designate ☐ myself or ☐ _____
as the member of our staff to be in charge of receiving and resolving any
CYO issues that may arise involving our parish/organization.

**Pastor's or
Director's Signature**

I have reviewed each registration form and have verified the information contained
on them. I have a copy on file of birth certificates for all players. For any GED
or Home Schooled student I have submitted the required documentation.

Moderator's Signature

**Pastor's or Designee's
Signature**

	Player's Name	Street address	City, State, Zip	School	Grade	✓ if GED Student	✓ if Home Schooled	Birth Date	Age on 07/01/16	✓ if Parishioner		Home Parish
										Yes	No	
1						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
11						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
12						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
13						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
14						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
15						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	