

COACHES TRAINING PRE-REGISTRATION

PLEASE PRINT NAMES CLEARLY

Submitted By: _____ Phone: _____ For Session: _____ @ Chancery
Name of Parish Officer Date

	NAME	PARISH	DATE PAID
1.			
2.			
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**FORM MUST BE BROUGHT INTO THE CYO OFFICE 1 DAY PRIOR TO THE CLASS
NO LATER THAN 3:00PM.**

**TO MAKE CHANGES TO YOUR PRE-REGISTRATION LIST, PLEASE CALL US NO LATER
 THAN NOON ON THE DAY OF THE CLASS TO MAKE FURTHER ARRANGEMENTS.**

-FOR OFFICE USE ONLY-

Time Received: _____ Check #/Cash: _____

Received By: _____ Date Paid: _____ Total Paid: _____