CYO Sports Director ✞ Office of Youth Ministry/CYO ✞ 2718 W. Woodlawn ✞ San Antonio, Texas 78228

This letter is to certify that the following individuals are **registered** and **active** members of

_____ . They would like special permission for their child

parish

to participate in the CYO Sports Program with our Parish.

Family Name	Address	Parish Family Lives or Resides In	Child's Name & Age	No. Years Reg.

_____

Date

_____

Pastor's Signature

_____

Zone President's Signature

Parish Seal