CYO Sports Director
2718 W. Woodlawn Ave
P.O.Box 28036
San Antonio, Tx. 78228

THIS IS TO VERIFY THAT:

(A) _____ (PLAYER'S NAME) , _____ (ADDRESS) attempted to register at

_____ (PARISH) in Zone _____ (ZONE), on _____ (DATE) in the _____ (DIVISION) Division for

_____ (SPORT) . But his/her team was FULL / NOT FORMED / NO PROGRAM. Since a team is not available (CIRCLE ONE)

_____ (NAME) is given permission to participate at _____ (PARISH) in Zone _____ (ZONE)

For the _____ (SPORT) Season, on Mr/Mrs. _____ (COACH'S NAME) 's Team.

_____ CYO PARISH PRESIDENT/DATE _____ PARISH ATHLETIC DIRECTOR/DATE _____ ZONE PRESIDENT/DATE

(B) Zone_____ (ZONE) does not have a league in the _____ (DIVISION) Division for the _____ (SPORT) program

_____ (PLAYER'S NAME) , _____ (ADDRESS) is given permission to play for

_____ (PARISH) as the adjacent or closest parish in Zone _____. (ZONE)

ALSO FILL OUT (A) ABOVE

_____
ZONE PRESIDENT/DATE

(C) The following parishes in Zone _____ (ZONE) do not have a team available for _____ (PLAYER'S NAME),

_____ (ADDRESS) to play on.

ALSO FILL OUT (A) ABOVE

_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE
_____ PARISH	_____ CYO PARISH PRESIDENT/DATE	_____ PARISH ATHLETIC/DATE