



ROSTER SIGNATURE SHEET

Date: _____

Parish _____ City _____

Grade _____ Gender _____ Sport _____ Year _____

The undersigned have approved the eligibility of the players on the Roster Form submitted according to the rules and regulations of the current CYO Athletic Manual.

Coach's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip Code _____

Email _____ Fax Number _____

Assistant Coaches _____

Home Phone _____ Email _____

Assistant Coaches _____

Home Phone _____ Email _____

Coordinator's Signature _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip Code _____

Email _____ Fax Number _____

Pastor's Signature _____ Phone _____

Address _____

City _____ Zip Code _____

This form will not be accepted unless completed in full.

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