

COACHES TRAINING PRE-REGISTRATION

PLEASE PRINT NAMES CLEARLY

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

	NAME	PARISH	DATE OF BIRTH
1.			
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**FORM MUST BE BROUGHT INTO THE CYO OFFICE 1 DAY PRIOR TO THE CLASS
NO LATER THAN 3:00PM. **Background check request must be turned in before date of class.****

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. PARISH OFFICER WILL BE RESPONSIBLE FOR ALL CHANGES TO LIST ONCE IT IS TURNED INTO THE CYO OFFICE.

-FOR OFFICE USE ONLY-		
Time Received: _____	Check #/Cash: _____	
Received By: _____	Date Paid: _____	Total Paid: _____