CYO Sports Program

OFFICER FORM

ZONE/PARISH _____ **YEAR** _____

PLEASE PRINT CLEARLY

****President:**	_____	Phone:	_____
Address:	_____	Work:	_____
City:	_____	Zip:	_____
E-mail:	_____	Cell:	_____
Vice-President:	_____	Phone:	_____
Address:	_____	Work:	_____
City:	_____	Zip:	_____
E-mail:	_____	Cell:	_____
****Athletic Director**	_____	Phone:	_____
Address:	_____	Work:	_____
City:	_____	Zip:	_____
E-mail:	_____	Cell:	_____
Secretary	_____	Phone:	_____
Address:	_____	Work:	_____
City:	_____	Zip:	_____
E-mail:	_____	Cell:	_____
****Treasurer**	_____	Phone:	_____
Address:	_____	Work:	_____
City:	_____	Zip:	_____
E-mail:	_____	Cell:	_____
****Registrar**	_____	Phone:	_____
Address:	_____	Work:	_____
City:	_____	Zip:	_____
E-mail:	_____	Cell:	_____
Parish Minister:	_____	Phone:	_____
Address:	_____	Work:	_____
City:	_____	Zip:	_____
E-mail:	_____	Cell:	_____

Please return by June 30th ***Office of Youth Ministry/CYO Athletics***
2718 W. Woodlawn Ave., San Antonio, Texas 78228
*****Name, Address, Phone, and E-mail will be posted in Directory and Website***

_____
Date

_____
Pastor's Signature

Parish Seal