



CYO Sports Program OFFICER FORM

Please Print Clearly



Zone/Parish/School

Year

****President:**

Address: _____
City: _____
E-mail: _____

Phone: _____
Work: _____
Zip: _____
Cell: _____

Vice-President:

Address: _____
City: _____
E-mail: _____

Phone: _____
Work: _____
Zip: _____
Cell: _____

****Athletic Director:**

Address: _____
City: _____
E-mail: _____

Phone: _____
Work: _____
Zip: _____
Cell: _____

Secretary:

Address: _____
City: _____
E-mail: _____

Phone: _____
Work: _____
Zip: _____
Cell: _____

****Treasurer:**

Address: _____
City: _____
E-mail: _____

Phone: _____
Work: _____
Zip: _____
Cell: _____

****Registrar:**

Address: _____
City: _____
E-mail: _____

Phone: _____
Work: _____
Zip: _____
Cell: _____

Sports Minister:

Address: _____
City: _____
E-mail: _____

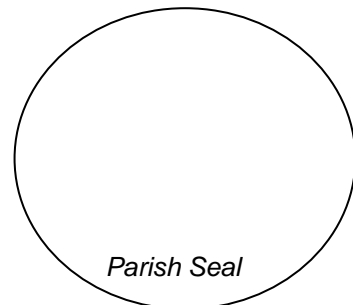
Phone: _____
Work: _____
Zip: _____
Cell: _____

Please submit by July 1, 2016 to **CYO Athletics, Inc.**
2718 W. Woodlawn Ave., San Antonio, Texas 78228
via email april.watts@archsa.org

****Name, Address, Phone, and E-mail will be posted in Directory and Website**

Pastor/Principal Signature

Date



Parish Seal