



# CYO Sports Program OFFICER FORM

Please Print Clearly



**2018-2019**

**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: \_\_\_\_\_

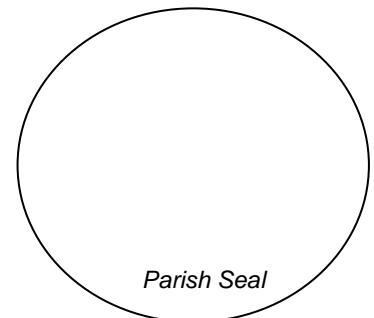
Phone: \_\_\_\_\_  
Work: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Cell: \_\_\_\_\_

Please return by June 30th, 2018 to *CYO Athletics, Inc.*  
2718 W. Woodlawn Ave., San Antonio, Texas 78228

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor/Principal Signature



Parish Seal