



CYO Sports Program OFFICER FORM

Please Print Clearly



Zone/Parish/School

2020-2021
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: _____

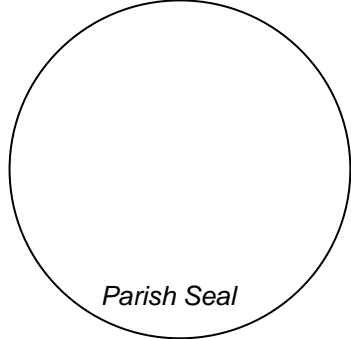
Phone: _____
Work: _____
Zip: _____
Cell: _____

Please submit by June 30th, 2020 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