

ENTRY FORM CYO BOYS BASKETBALL

GRADE

(Entry grade or combination of grades eg. 3rd or 3rd/4th)

(Please print clearly)

PARISH/SCHOOL _____

COORDINATOR _____ ADDRESS _____

HOME PHONE _____ WORK _____ FAX _____ E-MAIL _____

FEE: \$120.00 PER TEAM

COACH _____

HOME PHONE: _____

WORK PHONE: _____

FAX PHONE: _____

E-MAIL _____

ADDRESS _____

CITY: _____

ZIP _____

Comments about the team:

(SAMPLE: Same team as last year, same coach and team, have you lost or added new players, Recommended League etc..... this is important information that is used to place teams in proper leagues commensurate with their ability levels.)

CONFLICTS:

We will work around school functions **ONLY**:

DATE **FUNCTION**

_____ Reconciliation

_____ CCD/PRP Classes (**ONLY IF APPLIES TO THIS TEAM**)

_____ Camp Kern, Space Camp, Class Trip

_____ Others (**PLEASE SPECIFY FUNCTION AND TIME FRAME.**)

ENTRY FORMS WITH FEES MUST BE RECEIVED BY **OCTOBER 7, 2011**. ALL INFORMATION MUST BE COMPLETED AND MAILED TO: CYO OFFICE, P.O.BOX 17126, CINCINNATI, OHIO 45217.

OUR PARISH AGREES TO ABIDE BY THE RULES AND REGULATIONS OF THE CYO AND THE OHIO HIGH SCHOOL ATHLETIC ASSOCIATION RULES WHERE APPLICABLE. WE ALSO AGREE THAT ANY INTERPRETATION OF THESE RULES BY THE CYO SHALL BE FINAL AND BINDING ON ALL CONCERNED.

APPROVED BY: _____

PASTOR