



2009 CYO SPORTS PILOT ON-LINE REGISTRATION – FALL TEAM CONFIRMATION



When registering on-line complete this form. YOU MUST ENCLOSE PAYMENT by Friday, August 7, 2009 and return to the CYO Office at 7911 Detroit Avenue, Cleveland, OH 44102, Attention: Bookkeeper.

PARISH/SCHOOL _____

CITY _____

GIRLS VOLLEYBALL

Varsity

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____
HEAD COACH: _____

JUNIOR VARSITY

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____
HEAD COACH: _____

CADET

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____
HEAD COACH: _____

DEVELOPMENTAL

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____
HEAD COACH: _____

ELEMENTAL

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____
HEAD COACH: _____

CHEER

Varsity

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____
HEAD COACH: _____

CADET

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____
HEAD COACH: _____

GIRLS SOCCER

Varsity

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____

CADET

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____

MW/LW FOOTBALL

Varsity

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____

JUNIOR VARSITY

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____

CADET

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____

ELEMENTAL

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____

COMBINED FOOTBALL

Varsity

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____

CADET

NUMBER OF TEAMS: _____
HEAD COACH: _____
HEAD COACH: _____

BOYS CROSS COUNTRY

NUMBER OF PARTICIPANTS: _____
HEAD COACH: _____

GIRLS CROSS COUNTRY

NUMBER OF PARTICIPANTS: _____
HEAD COACH: _____

Completed by:

PRINT NAME

PHONE NUMBER