



2010 CYO SPORTS PILOT ON-LINE REGISTRATION TEAM CONFIRMATION



When registering on-line, complete this form and enclose payment by March 5, 2010 and return to CYO Office at 7911 Detroit Avenue, Cleveland, OH 44102 Attention Bookkeeper.

PARISH/SCHOOL \_\_\_\_\_

CITY \_\_\_\_\_

**BASEBALL GRADE SCHOOL**

VARSIITY

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: \_\_\_\_\_

**TRACK & FIELD GRADE SCHOOL GIRLS**

NUMBER OF PARTICIPANTS \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_

**TRACK & FIELD GRADE SCHOOL BOYS**

NUMBER OF PARTICIPANTS \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_

**VOLLEYBALL HIGH SCHOOL GIRLS (NO Discount)**

VARSIITY

NUMBER OF TEAMS: \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_

JUNIOR VARSITY

NUMBER OF TEAMS: \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_

**FAST-PITCH SOFTBALL GRADE SCHOOL**

VARSIITY

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: \_\_\_\_\_

**VOLLEYBALL GRADE SCHOOL BOYS**

VARSIITY

NUMBER OF TEAMS: \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_

CADET

NUMBER OF TEAMS: \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_  
HEAD COACH: \_\_\_\_\_

**Completed by:**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**PHONE NUMBER**