ARCHDIOCESE OF BOSTON
CYO ATHLETICS

MULTI-PARISH TEAM PETITION FORM

Please type or print clearly. This form must be completed and submitted to the Area Coordinator before November 15.

PARISH INFORMATION

_____ Division	_____ Area
_____ Parish #1	_____ Parish #2
_____ Youth Director	_____ Youth Director
_____ Address	_____ Address
_____ Phone	_____ Phone

NUMBER OF PARTICIPANTS

_____ Parish #1	_____ Parish #2

SHARE FINANCIAL RESPONSIBILITY?

___ Yes	___ No	___ Yes	___ No

OPEN INVITATION FOR TRYOUTS?
(please attach proof)

___ Yes	___ No	___ Yes	___ No

Signed_____ Pastor

Signed_____ Parish Youth Director

Signed _____ Area Coordinator

Date _____