NORTHERN VIRGINIA JUNIOR CYO

Mid-Year CCD/PSR Attendance Certification

League:_____

Team s Parish: _____

Head Coach:_____ **Phone (h):**_____ **(w)**_____

Instructions: ***Please list all players attending CCD who were listed on your originally filed team roster.***

Player s Name	Date Of Birth	Grade	School Attending	CCD Parish Attending	Enrolled Date

I certify that the applicable persons listed above have been regularly attending the Parish CCD program in the grades indicated since the specified enrollment date.

_____
Signature of Director/Minister of Religious Education

_____
Date (not to be dated before Jan. 24)

I certify that birth data and other information above is true and correct to the best of my knowledge.

_____
Signature of Coach

Coach: Please turn this recertificaton in to the League Commissioner no later than February 9.