

NORTHERN VIRGINIA JUNIOR CYO ROSTER FORM – 2010

Division: _____ **Team's Parish:** _____
Head Coach: _____ **Email Address :** _____
Phone (home):(____) ____ - ____ **(work):**(____) ____ - ____ **(cell):** (____) ____ - ____
School Address: _____ **City** _____ **Zip** _____

Players Name	Birthday (MM/DD/YY)	Grade	School Attending	If CCD, Parish	Date Enrolled
1.	/ /				/ /
2.	/ /				/ /
3.	/ /				/ /
4.	/ /				/ /
5.	/ /				/ /
6.	/ /				/ /
7.	/ /				/ /
8.	/ /				/ /
9.	/ /				/ /
10.					

Notes: If a child is home schooled, write Home Schooled under School Attending. If a child attends a Catholic School in another Diocese, write the name of the school under School Attending. Pastor must sign below.

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

Signature of Coach/Team Coordinator

Date

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

Signature of School Principal

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

I certify that the applicable home schooled / non-Arlington Diocese school persons listed above are registered members of this team's Parish.

Signature of Pastor

Date

Coaches : Please mail this completed form with CYO Tennis Permission forms for all players no later than September 18, 2010 to: Mimi Sullivan, NVJCYO Tennis, 939 N. Livingston St.; Arlington, VA 22205 or fax to (703) 519-4720.