



# TRANSFER REQUEST APPLICATION

*\*This application must be completely filled out and submitted to the CYO Office, 1933 Spielbusch Avenue, Toledo, OH 43604 prior to the roster deadline for this sport.*

ATHLETE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

GRADE: \_\_\_\_\_ SEX: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARISH OF WHICH YOU ARE A MEMBER: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

SPORT YOU ARE REQUESTING TO PLAY: \_\_\_\_\_

DID YOU PLAY THIS SPORT IN THE CYO PROGRAM LAST YEAR? \_\_\_\_\_ YES \_\_\_\_\_ NO

PARISH FOR WHICH YOU PLAYED LAST YEAR: \_\_\_\_\_

DOES YOUR PARISH HAVE A TEAM IN THE SPORT THIS SEASON? \_\_\_\_\_ YES \_\_\_\_\_ NO

DESCRIBE YOUR REQUEST IN DETAIL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>FOR CYO STAFF USE ONLY</u>	
Accepted:	_____
Rejected:	_____
Date sent:	_____
Comments:	_____
_____	_____
Initial:	_____

*We, the undersigned, do hereby acknowledge the above information to be true to the best of our knowledge. Any false information will nullify this application.*

PLAYER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COACH'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PASTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PASTOR OF PARISH FOR WHICH YOU ARE REQUESTING PERMISSION TO PLAY:

\_\_\_\_\_  
DATE: \_\_\_\_\_

(ALL signatures are NECESSARY to VALIDATE this application and must be LEGIBLE)