

For Office Use Only Team # _____
 Free Throw _____ Team Fee: _____
 # Participants _____ X \$7.00 = _____
 Cross Country _____ X \$4.00 = _____
 Amt. Pd: _____ Amt. Owed: _____

NORTHWEST INDIANA CYO TEAM ROSTER

(Must be legible and completely filled in or will not be accepted.)

Activity _____ School _____ City _____ Grade _____ Year _____

Head Coach _____ (RVNC) Address _____ City _____ State _____ Zip _____ Day # _____ Evening # _____

Ass't Coach _____ (RVNC) Address _____ City _____ State _____ Zip _____ Day # _____ Evening # _____

Ass't Coach _____ (RVNC) Address _____ City _____ State _____ Zip _____ Day # _____ Evening # _____

(Do not write in shaded columns)

#	Participant (Last name first)	P	R	C	Grade	Address	City	Zip	Phone	Birthdate	Age	M
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												

Signature of Principal: _____ Signature of Pastor: _____