

MERCER COUNTY CATHOLIC YOUTH ORGANIZATION
920 SOUTH BROAD STREET
TRENTON, NJ 08611

PHONE: (609) 396-8383 MAIN OFF.
x 14 ATHLETIC OFFICE
FAX: (609) 392-8419
E-MAIL

OFFICIAL TEAM ROSTER

SPORT _____
JUNIOR VARSITY _____ VARSITY _____

PARISH _____
DIVISION: _____ BOYS _____ GIRLS

NAME OF PLAYER	GRADE	SCHOOL	PARISH	BIRTHDATE			FOR OFFICE USE ONLY	
				MONTH	DAY	YEAR	BC	WAIVER
1. _____								
2. _____								
3. _____								
4. _____								
5. _____								
6. _____								
7. _____								
8. _____								
9. _____								
10. _____								
11. _____								
12. _____								
13. _____								
14. _____								
15. _____								
16. _____								
17. _____								
18. _____								

Please list here any players who belong to more than one parish, and the other parishes to which they belong:

Please list here any players who played on a different CYO team last season:

For Office Use Only
Coaches Cert. Background check

Name of first Assistant Coach: _____

Name of second Assistant Coach: _____

Head Coach Information:

Address _____
City _____ State _____ Zip _____
Phone: H () _____ W () _____ C () _____
Fax: () _____ E-Mail _____

All of the information listed on this roster is true and accurate.

Signature of Head Coach _____

Parish Athletic Director Information:

Address _____
City _____ State _____ Zip _____
Phone: H () _____ W () _____ C () _____

All of the information listed on this roster is true and accurate.

Signature of Parish Athletic Director _____

certify that all of the players listed as attending our school and enrolled there,
and that all other information listed on this roster is true and accurate.

Signature of Principal _____

I certify that all players not attending our school are
Catholic, and are registered members of our parish,
and that all information on this roster is accurate.

Signature of DRE/Pastor _____