

CATHOLIC YOUTH ORGANIZATION - DIOCESE OF ALLENTOWN
School Year: 2024- 2025



Official Player Roster

Grade School _____
 High School _____

ELIGIBLE FOR: _____ SPORT: _____
 PARISH/SCHOOL: _____ CITY: _____ DISTRICT: _____

Name of Player	Parish	Date of Birth	Grade	Age	School Attending	School Attended Last Year

My signature and parish seals affixes to this Roster confirms that:

- 12) Students on the roster are currently active members of the parish or they attend the parish religious education and the Catholic School.*
- 13) The information relative to the players listed has been verified and found to be correct.*

PASTORS SIGNATURE IS REQUIRED ON EVERY FORM: PASTOR: _____ Date: _____
