

**CATHOLIC YOUTH COUNCIL
Archdiocese of St. Louis
GRADE SCHOOL REASSIGNMENT**

To: District Sports Chairperson

SPORT _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

BIRTHDATE _____

PHONE NUMBER _____

SCHOOL ATTENDING _____

We hereby request the above named individual be reassigned to another parish to play within his/her division because _____ Parish is unable to field a team/team is full or there is not a need for the player in the _____ Minor/Major Division.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

LAY DIRECTOR'S SIGNATURE _____ **DATE** _____

APPROVED []

DENIED []

DATE RECEIVED _____ **RECEIVED BY** _____ **TITLE** _____

The above named player has been reassigned to play for _____ Parish.

Please attach a copy of this form to your district-receipted roster.

APPROVAL INSTRUCTIONS

1. Submit copies as required by District.
2. One copy should be returned to Lay Director of the parish receiving player with signature as approved or denied.
3. The District Sports Chairperson/CYC Office will keep the copy on file.

Date _____

District Sport Chairperson _____