



**YOUTH & YOUNG ADULT MINISTRY AND C.Y.O. OFFICE  
ATHLETIC DEPARTMENT**



**COACHES ROSTER**

A person who has served in any coaching capacity in C.Y.O. Sports for ONE YEAR must attend and complete the C.Y.O. Coaches Orientation Program before being permitted to continue coaching in the C.Y.O. Athletic Program.

**PRINT OR TYPE**

<b>PARISH</b>	<b>CITY</b>
<b>SPORT</b>	<b>DIVISION – CIRCLE ONE</b> VARSITY - JUNIOR VARSITY - CADET - DEVELOPMENTAL - 4TH
	<b>YEAR</b>

**HEAD COACH**

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>ZIP</b>
		-	
<b>HOME PHONE</b> ( ) -	<b>WORK PHONE</b> ( ) -	<b>PAGE OR CELL</b> ( ) -	<b>E-MAIL</b> @
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Certified :	

**ASSISTANT COACH**

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>ZIP</b>
		-	
<b>HOME PHONE</b> ( ) -	<b>WORK PHONE</b> ( ) -	<b>PAGE OR CELL</b> ( ) -	<b>E-MAIL</b> @
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Certified :	

**ASSISTANT COACH**

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>ZIP</b>
		-	
<b>HOME PHONE</b> ( ) -	<b>WORK PHONE</b> ( ) -	<b>PAGE OR CELL</b> ( ) -	<b>E-MAIL</b> @
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Certified :	

**ASSISTANT COACH**

<b>FIRST NAME</b>		<b>LAST NAME</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>ZIP</b>
		-	
<b>HOME PHONE</b> ( ) -	<b>WORK PHONE</b> ( ) -	<b>PAGE OR CELL</b> ( ) -	<b>E-MAIL</b> @
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Certified :	

**LIST ALL ADDITIONAL ASSISTANT COACHES ON BACK**

**ASSISTANT COACH**

FIRST NAME		LAST NAME		
ADDRESS		CITY		ZIP -
HOME PHONE ( ) -	WORK PHONE ( ) -	PAGE OR CELL ( ) -	E-MAIL @	
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>				Date Certified :

**ASSISTANT COACH**

FIRST NAME		LAST NAME		
ADDRESS		CITY		ZIP -
HOME PHONE ( ) -	WORK PHONE ( ) -	PAGE OR CELL ( ) -	E-MAIL @	
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>				Date Certified :

**ASSISTANT COACH**

FIRST NAME		LAST NAME		
ADDRESS		CITY		ZIP -
HOME PHONE ( ) -	WORK PHONE ( ) -	PAGE OR CELL ( ) -	E-MAIL @	
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>				Date Certified :

**ASSISTANT COACH**

FIRST NAME		LAST NAME		
ADDRESS		CITY		ZIP -
HOME PHONE ( ) -	WORK PHONE ( ) -	PAGE OR CELL ( ) -	E-MAIL @	
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>				Date Certified :

**ASSISTANT COACH**

FIRST NAME		LAST NAME		
ADDRESS		CITY		ZIP -
HOME PHONE ( ) -	WORK PHONE ( ) -	PAGE OR CELL ( ) -	E-MAIL @	
Are you a CYO Certified Coach Yes <input type="checkbox"/> No <input type="checkbox"/>				Date Certified :