



Catholic Youth Council
Parish Boundary Reassignment - Waiver Form
West County District Soccer

Player Information

Name _____	Birthdate _____
Address _____	Grade _____
City / State / Zip _____	Division _____
Telephone # _____	School _____
Reason for request _____ _____	
Open / Closed _____	

Player released by parish

Parish _____

Lay Director

Name _____

Sign _____

Date _____

Player assigned to parish

Parish _____

Lay Director

Name _____

Sign _____

Date _____

Submit three copies of this completed form to the district for approval. An approved copy of this form should be attached to completed roster. attached to the appropriate team's received roster.

District Approval

District Chairman _____

Date _____

