

Our Mother of Consolation
PeeWee CYO Registration & Payment Form

www.omcparish.com link CYO Registration/Forms

Name of Athlete: _____ Birth date: ___//___ Grade: _____

Street Address: _____ School: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Religion: _____ Parish: _____

Mother's/Guardian's Name: _____

Father's/Guardian's Name: _____

Parent/Guardian email address: _____

Participation Fee

\$25.00 for the first athlete, \$20.00 for each additional athlete

Please check each sport in which athlete wishes to participate

Pee Wee Sports

_____ Basketball _____ Soccer _____ Track

Payment Information

(office use only)

Please make all checks payable to: OMC – CYO

Fee Paid: _____ Date Paid: ___/___/___ Check No: _____ Rec'd By: _____

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