



DIOCESE OF FALL RIVER

**SECRETARIAT** FOR THE NEW  
**EVANGELIZATION**

*Catholic Youth Organization*

Parish \_\_\_\_\_

Activity: Basketball \_\_\_\_\_

Area: Fall River CYO \_\_\_\_\_

Division: \_\_\_\_\_

Adult Advisor: \_\_\_\_\_  
(Name) (Address) (Phone) (E-mail)

Adult Advisor: \_\_\_\_\_  
(Name) (Address) (Phone) (E-mail)

	Name	Address	Date of Birth	Telephone	E-Mail
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Moderator's Signature \_\_\_\_\_