

ATHLETIC DIRECTOR'S INFORMATION SHEET 2009-2010

**** PLEASE COMPLETE BOTH SIDES ****

**** PLEASE PRINT ****

Athletic Director:	Name of Parish: _____		
Name: _____	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Both <input type="checkbox"/>
Address: _____			
City: _____	Zip: _____	PGC Date: _____	BCI Date: _____
Home Phone: _____	Work Phone: _____		
Cell Phone: _____	E-mail Address: _____		
Will your parish have more than one Athletic Director this year? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please list additional director below.			
Name: _____	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Both <input type="checkbox"/>
Address: _____			
City: _____	Zip: _____		
Home Phone: _____	Work Phone: _____		
Cell Phone: _____	E-mail Address: _____		
PGC Date: _____	BCI Date: _____	_____	

If you have commissioners for the following sports, please list their names and addresses below.

Football		
_____	_____	_____
<small>(Name)</small>	<small>(Address)</small>	<small>(Home Telephone)</small>
_____	_____	_____
<small>(E-mail Address)</small>	<small>(City)</small>	<small>(Work Telephone)</small>
PGC Date: _____	_____	_____
BCI Date: _____	_____	_____
	<small>(State)</small>	<small>(Zip)</small>
		<small>(Cell Phone)</small>

Volleyball		
_____	_____	_____
<small>(Name)</small>	<small>(Address)</small>	<small>(Home Telephone)</small>
_____	_____	_____
<small>(E-mail Address)</small>	<small>(City)</small>	<small>(Work Telephone)</small>
PGC Date: _____	_____	_____
BCI Date: _____	_____	_____
	<small>(State)</small>	<small>(Zip)</small>
		<small>(Cell Phone)</small>

B. Basketball		
_____	_____	_____
<small>(Name)</small>	<small>(Address)</small>	<small>(Home Telephone)</small>
_____	_____	_____
<small>(E-mail Address)</small>	<small>(City)</small>	<small>(Work Telephone)</small>
PGC Date: _____	_____	_____
BCI Date: _____	_____	_____
	<small>(State)</small>	<small>(Zip)</small>
		<small>(Cell Phone)</small>

G. Basketball_____
(Name)_____
(Address)_____
(Home Telephone)_____
(E-mail Address)_____
(City)_____
(Work Telephone)

PGC Date: _____

BCI Date: _____

(State)_____
(Zip)_____
(Cell Phone)**Soccer**_____
(Name)_____
(Address)_____
(Home Telephone)_____
(E-mail Address)_____
(City)_____
(Work Telephone)

PGC Date: _____

BCI Date: _____

(State)_____
(Zip)_____
(Cell Phone)**Track**_____
(Name)_____
(Address)_____
(Home Telephone)_____
(E-mail Address)_____
(City)_____
(Work Telephone)

PGC Date: _____

BCI Date: _____

(State)_____
(Zip)_____
(Cell Phone)**B. Baseball**_____
(Name)_____
(Address)_____
(Home Telephone)_____
(E-mail Address)_____
(City)_____
(Work Telephone)

PGC Date: _____

BCI Date: _____

(State)_____
(Zip)_____
(Cell Phone)**G. Softball**_____
(Name)_____
(Address)_____
(Home Telephone)_____
(E-mail Address)_____
(City)_____
(Work Telephone)

PGC Date: _____

BCI Date: _____

(State)_____
(Zip)_____
(Cell Phone)**CYO**_____
(Name)_____
(Address)_____
(Home Telephone)_____
(E-mail Address)_____
(City)_____
(Work Telephone)

PGC Date: _____

BCI Date: _____

(State)_____
(Zip)_____
(Cell Phone)