

CATHOLIC YOUTH ORGANIZATION GAME CHANGE REPORT FORM

FALL WINTER SPRING PARISH/SCHOOL: _____

DATE: _____ ATHLETIC DIRECTOR: _____

SPORT	LEVEL	DIVISION:	OPPONENT	HOME TEAM	DAY - DATE - TIME
		ORIGINAL:			
		CHANGE TO:			
REASON FOR CHANGE:				NOTIFIED AD ON: / /	

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		CHANGE TO:			
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Mail To: CYO Athletics - 305 Michigan Avenue, Detroit, MI 48226 or Fax To: 313-963-9791 or 313-963-7179