

# CYM Sports Request for Collaborative Teams

**Date:** \_\_\_\_\_

**Parish representatives:** By signing this form, you agree that there is a need for your parish to collaborate. The parish representative must be the Youth Minister, DRE, or Pastor.

This request is for: Basketball    Volleyball

If this request is for both, a copy of this form must be submitted to both league directors. There is no guarantee that the request will be granted in both leagues.

**Parishes wishing to collaborate:**

<p>Parish 1: _____</p> <p>Signature and title of parish representative (if signature is illegible, please print as well): _____</p> <p>Phone number and e-mail address of parish representative: _____</p>
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<p>Parish 2: _____</p> <p>Signature and title of parish representative (if signature is illegible, please print as well): _____</p> <p>Phone number and e-mail address of parish representative: _____</p>
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Additional parishes with required signatures and contact information may be listed on the back of this form.

<p>Reason(s) for collaboration:</p>          
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