

Our Mother of Consolation
CYO and H&S Association Pee Wee Program
Registration & Payment Form
www.omcparish.com link CYO

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

Street Address: _____ School: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Religion: _____

Mother's/Guardian's Name: _____ Parish: _____

Father's/Guardian's Name: _____

Parent/Guardian email address: _____

Participation Fee

Please fill out a separate registration form for each child

First Child: \$25.00 registration fee

Each additional Sibling: \$20.00 registration fee

_____ Soccer _____ Basketball

*Please return forms immediately to Registration Coordinator, Terry Sislo
Via Family Communication Envelope*

Payment Information

(office use)

Please make all checks payable to: OMC – CYO

Fee Paid: _____ Number of Child (ren) _____ Date Paid: ___/___/___

Cash: _____ Check No: _____ Rec'd By: _____