



Catholic Youth Organization
of the Diocese of Brooklyn
7200 Douglaston Parkway, Douglaston, NY 11362
Tel: 718.281.9548
Fax: 718.281.9557

2021 CYO FREE THROW CONTEST ENTRY FORM

Participant Name: _____

Address: _____

City: _____ **Zip:** _____ **DOB:** _____ **M/F** _____

Parish: _____ **School:** _____

Accompanying Parent Name: _____

Email address: _____ **Cell phone#** _____

Please rank your preferred dates in order of preference:

2/15 **2/16** **2/17** **2/18** **Shirt size** **YM** **YL** **S** **M** **L** **XL**

Mail form and \$20 fee payable to CYO to:

CYO c/o St. Francis Summer Classic

PO Box 940703

Rockaway Park, NY 11694

Must be received by Wednesday 2/10. Participants will be notified by email on 2/11

For office use only:

Check # _____ **Date Received:** _____ **Amount:** _____

Assigned site and date: _____ **Division:** _____

Recording of shots

1 **2** **3** **4** **5** **6** **7** **8** **9** **10**

11 **12** **13** **14** **15** **16** **17** **18** **19** **20**

Total Made: _____

Recorded By:
