



Espirito Santo Parochial School

143 Everett Street, Fall River, MA 02723 Rev. Maurice O. Gauvin, Pastor
Tel: (508) 672-2229 Fax: (508) 672-7724 Mr. Andrew J. Raposo, Principal
www.espiritosantoschool.org www.facebook.com/EspiritoSantoSchool

Espirito Santo - CYO Basketball

Dear Parents,

The CYO Basketball season is approaching, and we are looking forward to another successful year. As in the past, players are required to sign-up, in order to be added to the roster. Please fill out the form on the reverse side, so that I may begin the process. You will also sign a code of conduct (parents and players) to ensure a safe environment for our children.

Fees: The fee for CYO basketball will remain the same this year. The cost to play is \$65.00 (\$45.00 goes to CYO, and the remaining \$20.00 is used for later expenses).

Jerseys: The cost of the jersey is \$28.00...*Girls who played last year can use the same jersey. Boys and any new player will need a new jersey.*

Beginning of the season: An official date will be out shortly, it is tentatively scheduled for the first or second week of November.

Please fill out the form on the reverse side, and return payment to the school office, no later than 10/5/2018. Please make checks payable to **Espirito Santo School**, and include CYO Basketball in the memo line.

If you have any questions or concerns, you may contact me at the school office at 508-672-2229, Ext. 1, or by email at ARaposo@es.dfrcs.org.

Sincerely,

Mr. Andrew J. Raposo

Principal, Espirito Santo School

DRE, Espirito Santo Church

Espirito Santo – CYO Basketball

Registration Form

Name: _____

Grade: _____ Date of Birth: _____ Age: _____

School: _____ Church: _____

Parents Name: _____

Parents Contact Number: _____

Address:

Shirt Size: Youth-M or L, Adult S, M, L, XL (Circle one)

Emergency Contact Information:

- Name/Relationship/Contact Number:

- Name/Relationship/Contact Number:

- Name/Relationship/Contact Number:

Parent Signature: _____ Date: _____

Office Use Only

Coordinator Signature: _____ Date: _____

Payment Received: _____ Cash Check # _____

Team: _____