

**2025-2026 C.Y.A.A.  
MEMBERSHIP CONTRACT**

PLEASE FILL IN FORM BELOW AND RETURN BY **September 1, 2025**

Name of School	Phone
----------------	-------

Mailing Address	City	Zip
-----------------	------	-----

\*\*\*\*\*

Contracted General League Fee ----- \$ 500.00

Principal Signature	Contracted General Fee    \$ 500.00
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Date	Total    \$ _____
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Please remit GENERAL FEE by **September 1, 2025**. Make check(s) payable to C.Y.A.A. and mail this form with your check to:

**Catholic Schools Office  
Attn: CYAA  
400 E. Monroe Street  
Phoenix, AZ 85004**

**2025-2026 C.Y.A.A.  
MEMBERSHIP CONTRACT  
Non-Diocese of Phoenix Participating Schools**

PLEASE FILL IN FORM BELOW AND RETURN BY **September 1, 2025**

Name of School	Phone
----------------	-------

Mailing Address	City	Zip
-----------------	------	-----

The above-named school ("Participating School") hereby agrees to defend, protect, indemnify and hold harmless the C.Y.A.A. and the Roman Catholic Church of the Diocese of Phoenix (collectively, the "Diocese Parties") and any and all of their officers, directors, agents, employees, representatives, volunteers, sponsors or benefactors against and from any and all claims and liabilities arising from the acts, omissions, negligence or fault of the Participating School or any of its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates which arise out of the Participating School's participation in the C.Y.A.A. Athletic Program.

Participating School agrees to provide a certificate of insurance to the C.Y.A.A., which provides evidence of general liability coverage of not less than two million dollars (\$2,000,000.00) per occurrence. Participating School also agrees to have the Diocese Parties named as "Additional Insureds" on its general liability policy for all claims arising out of participation in the C.Y.A.A. Athletic Program. Participating School also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against any of the Diocese Parties.

If Participating School fails to comply with the immediately preceding paragraph, then Participating School expressly agrees to protect, defend, hold harmless and fully indemnify the Diocese Parties for any claim or cause of action whatsoever arising out of or related to participation of the C.Y.A.A. Athletic Program that is brought against any of the Diocese Parties by the above-named Participating School or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the any of Diocese Parties, their employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve Participating School's responsibility to comply with the immediately preceding paragraph.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the remaining portion of this agreement shall continue in full legal force and effect.

\*\*\*\*\*  
Contracted General League Fee----- \$500.00

Principal Signature	Contracted General Fee \$500.00
---------------------	---------------------------------

\_\_\_\_\_  
Date

Please remit GENERAL FEE by **September 1, 2025**. Make check (s) payable to C.Y.A.A. and mail this form with your check to:

**Catholic Schools Office  
Attn: CYAA  
400 E. Monroe Street  
Phoenix, AZ 85004**

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Fall Sports  
**Registration Card**

School \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

School Phone # \_\_\_\_\_

Our school will participate in:

**Boys 2025-2026 Flag Football**

# of Teams \_\_\_\_\_ 7th & 8th

# of Teams \_\_\_\_\_ 5th & 6th

Principal Signature: \_\_\_\_\_

Bring this form along with your rosters to the Fall Sports League Scheduling Meeting:

8/26/25 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Andy Kiltz

Email: [andy.kiltz@sfxphx.org](mailto:andy.kiltz@sfxphx.org)

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Fall Sports  
Registration Card

School \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

School Phone # \_\_\_\_\_

Our school will participate in:

**Girls 2025-2026 Volleyball**

# of Teams \_\_\_\_\_ 7th & 8th

# of Teams \_\_\_\_\_ 5th & 6th

Principal Signature: \_\_\_\_\_

Bring this form along with your roster to the Fall Sports League Scheduling Meeting:

8/26/25 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools  
Location: Diocesan Pastoral Center

or email this form to:

Naz Felix  
Email: [nfelix@stgphx.org](mailto:nfelix@stgphx.org)

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Winter Sports  
Registration Card

School \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ School Phone # \_\_\_\_\_

Our school will participate in:

**Boys 2025-2026 Basketball**

# of Teams \_\_\_\_\_ 7th & 8th

# of Teams \_\_\_\_\_ 5th & 6th

Principal Signature: \_\_\_\_\_

Bring this form along with your rosters to the Winter Sports League Scheduling Meeting:

11/04/25 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Andy Kiltz  
Email: [andy.kiltz@sfxphx.org](mailto:andy.kiltz@sfxphx.org)

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Winter Sports  
Registration Card

School \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ School Phone # \_\_\_\_\_

Our school will participate in:

**Girls 2025-2026 Softball**

# of Teams \_\_\_\_\_ 7th & 8th

# of Teams \_\_\_\_\_ 5th & 6th

Principal Signature: \_\_\_\_\_

Bring this form along with your roster to the Winter Sports League Scheduling:

11/04/25 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Naz Felix  
Email: [nfelix@stgphx.org](mailto:nfelix@stgphx.org)

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Winter Sports  
Registration Card

School \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ School Phone # \_\_\_\_\_

Our school will participate in:

**Boys 2025-2026 Soccer**

# of Teams \_\_\_\_\_ Boys

Principal Signature: \_\_\_\_\_

Bring this form along with your rosters to the Winter Sports League Scheduling Meeting:

11/04/25 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools  
Location: Diocesan Pastoral Center

Email this form to:

Andy Kiltz  
Email: [andy.kiltz@sfxphx.org](mailto:andy.kiltz@sfxphx.org)

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Winter Sports  
Registration Card

School \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ School Phone # \_\_\_\_\_

Our school will participate in:

**Girls 2025-2026 Soccer**

# of Teams \_\_\_\_\_ Girls

Principal Signature: \_\_\_\_\_

Bring this form along with your rosters to the Winter Sports League Scheduling Meeting:

11/04/25 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools  
Location: Diocesan Pastoral Center

Email this form to:

Naz Felix  
Email: [nfelix@stgphx.org](mailto:nfelix@stgphx.org)



**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Spring Sports  
Registration Card

School \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ School Phone # \_\_\_\_\_

Our school will participate in:

**Boys 2025-2026 Baseball**

# of Teams \_\_\_\_\_ 7th & 8th

# of Teams \_\_\_\_\_ 5th & 6th

Principal Signature: \_\_\_\_\_

Bring this form along with your rosters to the Spring Sports League Scheduling Meeting:

2/17/26 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

Email this form to:

Andy Kiltz  
Email: [andy.kiltz@sfxphx.org](mailto:andy.kiltz@sfxphx.org)

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Spring Sports  
Registration Card

School \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ School Phone # \_\_\_\_\_

Our school will participate in:

**Girls 2025-2026 Basketball**

# of Teams \_\_\_\_\_ 7th & 8th

# of Teams \_\_\_\_\_ 5th & 6th

Principal Signature: \_\_\_\_\_

Bring this form along with your roster to the Spring Sports League Scheduling Meeting:

2/17/26 - Grades 5- 8; 1:00 – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Naz Felix  
Email: [nfelix@stgphx.org](mailto:nfelix@stgphx.org)

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
**Coaches Contact Form**

**School Name:**

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**School Phone:**

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**Sport:**

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**TOURNAMENT CONTACT INFORMATION**

<b>Coaches Names:</b>	<b>Cell Phone #</b>	<b>Email:</b>

**Team Win/Loss Record**

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**Best Team Played**

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**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Fall Sports Tournament Registration Form  
**Number of Teams Entering into Boys' Flag Football Tournament**

School \_\_\_\_\_

School Phone # \_\_\_\_\_

Number of Teams we will enter into tournament:

**Boys 2025-2026 Football**

# of Teams \_\_\_\_\_ 7th & 8th

Principal Signature: \_\_\_\_\_

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: [andy.kiltz@sfxphx.org](mailto:andy.kiltz@sfxphx.org) no later than Friday, September 29, 2025.  
(See Page 121)

**Please remit \$200.00 per team** entered in the Boys Flag Football Tournament along with a copy of this form and your check to:

**Catholic Schools Office**  
**Attn: CYAA**  
**400 E. Monroe St.**  
**Phoenix, AZ 85004**

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Fall Sports Tournament Registration Form  
**Number of Teams Entering into Girls' Volleyball Tournament**

School \_\_\_\_\_

School Phone # \_\_\_\_\_

Number of Teams we will enter into tournament:

**Girls 2025-2026 Volleyball**

# of Teams \_\_\_\_\_ 7th & 8th

Principal Signature: \_\_\_\_\_

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: [nfelix@stgphx.org](mailto:nfelix@stgphx.org) no later than Friday, September 29, 2025.

**Please remit \$200.00 per team** entered in the Girls Volleyball Tournament along with a copy of this form and your check to:

**Catholic Schools Office**  
**Attn: CYAA**  
**400 E. Monroe St.**  
**Phoenix, AZ 85004**

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Winter Sports Tournament Registration Form  
**Number of Teams Entering into Boys' Soccer Tournament**

School \_\_\_\_\_

School Phone # \_\_\_\_\_

Number of Teams we will enter into tournament:

**Boys 2025-2026 Soccer**

# of Teams \_\_\_\_\_ 7th & 8th

Principal Signature: \_\_\_\_\_

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: [andy.kiltz@sfxphx.org](mailto:andy.kiltz@sfxphx.org) no later than Monday, January 12, 2026.

**Please remit \$200.00 per team** entered in the Boys Soccer Tournament along with a copy of this form and your check to:

**Catholic Schools Office**  
**Attn: CYAA**  
**400 E. Monroe St.**  
**Phoenix, AZ 85004**

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Winter Sports Tournament Registration Form  
**Number of Teams Entering into Girls' Soccer Tournament**

School \_\_\_\_\_

School Phone # \_\_\_\_\_

Number of Teams we will enter into tournament:

**Girls 2025-2026 Soccer**

# of Teams \_\_\_\_\_ 7th & 8<sup>th</sup>

Principal Signature: \_\_\_\_\_

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: [nfelix@stgphx.org](mailto:nfelix@stgphx.org) no later than Monday, January 12, 2026.

**Please remit \$200.00 per team** entered in the Girls Soccer Tournament along with a copy of this form and your check to:

**Catholic Schools Office**  
**Attn: CYAA**  
**400 E. Monroe St.**  
**Phoenix, AZ 85004**

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Winter Sports Tournament Registration Form  
**Number of Teams Entering into Boys' Basketball Tournament**

School \_\_\_\_\_

School Phone # \_\_\_\_\_

Number of Teams we will enter into tournament:

**Boys 2025-2026 Basketball**

# of Teams \_\_\_\_\_ 7th & 8th

Principal Signature: \_\_\_\_\_

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: [andy.kiltz@sfxphx.org](mailto:andy.kiltz@sfxphx.org) no later than Monday, December 15, 2025.

**Please remit \$200.00 per team** entered in the Boys Basketball Tournament along with a copy of this form and your check to:

**Catholic Schools Office**  
**Attn: CYAA**  
**400 E. Monroe St.**  
**Phoenix, AZ 85004**



**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Winter Sports Tournament Registration Form  
**Number of Teams Entering into Girls' Softball Tournament**

School \_\_\_\_\_

School Phone # \_\_\_\_\_

Number of Teams we will enter into tournament:

**Girls 2025-2026 Softball**

# of Teams \_\_\_\_\_ 7th & 8th

Principal Signature: \_\_\_\_\_

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: [nfelix@stgphx.org](mailto:nfelix@stgphx.org) no later than Monday, December 15, 2025.  
(See Page 121)

**Please remit \$200.00 per team** entered in the Girls Softball Tournament along with a copy of this form and your check to:

**Catholic Schools Office**  
**Attn: CYAA**  
**400 E. Monroe St.**  
**Phoenix, AZ 85004**

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Spring Sports Tournament Registration Form  
**Number of Teams Entering into Boys' Baseball Tournament**

School \_\_\_\_\_

School Phone \_\_\_\_\_

Number of Teams we will enter into tournament:

**Boys 2025-2026 Baseball**

# of Teams \_\_\_\_\_ 7th & 8th

Principal Signature: \_\_\_\_\_

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: [andy.kiltz@sfxphx.org](mailto:andy.kiltz@sfxphx.org) no later than Monday, March 23, 2026.  
(See Page 121)

**Please remit \$200.00 per team** entered in the Boys Baseball Tournament along with a copy of this form and your check to:

**Catholic Schools Office**  
**Attn: CYAA**  
**400 E. Monroe St.**  
**Phoenix, AZ 85004**

**C.Y.A.A.**  
**Catholic Youth Athletic Association**  
Spring Sports Tournament Registration Form  
**Number of Teams Entering into Girls' Basketball Tournament**

School \_\_\_\_\_

School Phone # \_\_\_\_\_

Number of Teams we will enter into tournament:

**Girls 2025-2026 Basketball**

# of Teams \_\_\_\_\_ 7th & 8th

Principal Signature: \_\_\_\_\_

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: [nfelix@stgphx.org](mailto:nfelix@stgphx.org) no later than Monday, March 23, 2026.  
(See Page 121)

**Please remit \$200.00 per team** entered in the Girls Basketball Tournament along with a copy of this form and your check to:

**Catholic Schools Office**  
**Attn: CYAA**  
**400 E. Monroe St.**  
**Phoenix, AZ 85004**

One form per team  
(PLEASE PRINT)

**C.Y.A.A.**  
**CATHOLIC YOUTH ATHLETIC ASSOCIATION**  
**BOYS 2025-2026 SPORTS ROSTER**  
**5<sup>th</sup> & 6<sup>th</sup>**

<b>LEAGUE ROSTER</b>
_____ <b>Football (Aug. 26)</b>
_____ <b>Basketball (Nov. 4)</b>
_____ <b>Baseball (Feb. 17)</b>

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

Names and Grades on this Roster have been verified as correct. (All listed students are enrolled in above named school).

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_ Athletic Director Signature \_\_\_\_\_ Date \_\_\_\_\_

LAST NAME	FIRST NAME	GRADE	PLAYER NUMBER
1.			
2.			
3.			
4.			
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11.			
12.			
13.			

**DUE TO CYAA ATHLETIC DIRECTOR BY THE DATES LISTED ABOVE**

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Assistant Coach

LAST NAME	FIRST NAME	GRADE	PLAYER NUMBER
14.			
15.			
16.			
17.			
18.			
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30.			

**One form per team  
(PLEASE PRINT)**

**C.Y.A.A.  
CATHOLIC YOUTH ATHLETIC ASSOCIATION  
BOYS 2025-2026 SPORTS ROSTER  
7<sup>th</sup> & 8<sup>th</sup>**

<b>LEAGUE ROSTER</b>
_____ Football (Aug. 26)
_____ Basketball (Nov. 4)
_____ Soccer (Nov. 4)
_____ Baseball (Feb. 17)

<b>TOURNAMENT ROSTER</b>
_____ Football (Sept. 29)
_____ Basketball (Dec. 15)
_____ Soccer (Jan. 12)
_____ Baseball (Mar. 23)

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

Names and Grades on this Roster have been verified as correct. (All listed students are enrolled in above named school).

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_ Athletic Director Signature \_\_\_\_\_ Date \_\_\_\_\_

LAST NAME	FIRST NAME	GRADE	PLAYER NUMBER	TOURNAMENT ELIGIBLE
1.				
2.				
3.				
4.				
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12.				
13.				

**DUE TO C.Y.A.A. ATHLETIC DIRECTOR BY THE DATES LISTED ABOVE**

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Assistant Coach

LAST NAME	FIRST NAME	GRADE	PLAYER NUMBER	TOURNAMENT ELIGIBLE
14.				
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30.				

**Tournament Approved**

\_\_\_\_\_  
**Principal Signature**

**One form per team  
(PLEASE PRINT)**

**C.Y.A.A.  
CATHOLIC YOUTH ATHLETIC ASSOCIATION  
GIRLS 2025-2026 SPORTS ROSTER  
5<sup>th</sup> & 6<sup>th</sup>**

**LEAGUE ROSTER**  
\_\_\_\_ **Volleyball (Aug. 26)**  
\_\_\_\_ **Softball (Nov. 4)**  
\_\_\_\_ **Basketball (Feb. 17)**

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

Names and Grades on this Roster have been verified as correct. (All listed students are enrolled in above named school).

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_ Athletic Director Signature \_\_\_\_\_ Date \_\_\_\_\_

LAST NAME	FIRST NAME	GRADE	PLAYER NUMBER
1.			
2.			
3.			
4.			
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13.			

**DUE TO C.Y.A.A. ATHLETIC DIRECTOR BY THE DATES LISTED ABOVE**

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Assistant Coach



LAST NAME	FIRST NAME	GRADE	PLAYER NUMBER
14.			
15.			
16.			
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One form per team  
(PLEASE PRINT)

**C.Y.A.A.**  
**CATHOLIC YOUTH ATHLETIC ASSOCIATION**  
**GIRLS 2025-2026 SPORTS ROSTER**  
**7<sup>th</sup> & 8<sup>th</sup>**

**LEAGUE ROSTER**

\_\_\_\_ Volleyball (Aug. 26)  
\_\_\_\_ Softball (Nov. 4)  
\_\_\_\_ Soccer (Nov. 4)  
\_\_\_\_ Basketball (Feb. 17)

**TOURNAMENT ROSTER**

\_\_\_\_ Volleyball (Sept. 29)  
\_\_\_\_ Softball (Dec. 15)  
\_\_\_\_ Soccer (Jan. 12)  
\_\_\_\_ Basketball (Mar. 23)

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

Names and Grades on this Roster have been verified as correct. (All listed students are enrolled in above named school).

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_ Athletic Director Signature \_\_\_\_\_ Date \_\_\_\_\_

LAST NAME	FIRST NAME	GRADE	PLAYER NUMBER	TOURNAMENT ELIGIBLE
1.				
2.				
3.				
4.				
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12.				
13.				

**DUE TO C.Y.A.A. ATHLETIC DIRECTOR BY THE DATES LISTED ABOVE**

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Assistant Coach

LAST NAME	FIRST NAME	GRADE	PLAYER NUMBER	TOURNAMENT ELIGIBLE
14.				
15.				
16.				
17.				
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**Tournament Approved**

\_\_\_\_\_  
**Principal Signature**

### C.Y.A.A. Principal Sign Off

**School Year:** \_\_\_\_\_ **Season:** \_\_\_\_\_

The coaches listed below, for the (fall, winter, or spring) sports have read the philosophy, policies, rules and regulations contained in the Catholic Youth Athletic Association (C.Y.A.A.) Code of Conduct and Handbook. All of the coaches have been fingerprinted, been through the (Policy on Safe Environment Training for Diocesan Personnel), and the head coach is CPR certified. We agree to abide by these and all policies approved by the Diocese of Phoenix. We agree to abide by the C.Y.A.A. Philosophy and the obligations set forth in the Role of the Coach in the C.Y.A.A. Code of Conduct.

This list shall be submitted each season.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

List all coaches and the sport being coached:

[illegible]

Please email your list to [cputbrese@dphx.org](mailto:cputbrese@dphx.org)

**C.Y.A.A.**  
**Catholic Youth Athletic Association**

**Sanction Form**

School Requesting Review: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Sport, Age & School in Question: \_\_\_\_\_

Reason for review: (attach additional information if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any action taken to this point

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Coach requesting review: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The C.Y.A.A. Board will review all requests and a response will be in written form within two weeks.

Thank you,

Andy Kiltz

Naz Felix

C.Y.A.A. Athletic Directors

\_\_\_\_\_

Official Use Only:

\_\_\_\_\_ First offense    Action taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Second offense disqualified for tournament play