

Diocesan Recreation Association

TEAM MERGER REQUEST

We request to merge one or more teams due to a shortage of players. We have completed the checklist locally and have secured the necessary approvals for this merger.

SPORT:	SEASON/YEAR:	
GRADE:	GENDER: BOYS: <input type="checkbox"/>	GIRLS: <input type="checkbox"/>
NAME OF LEAGUE:		

SCHOOLS/PARISHES INVOLVED:	

CHECKLIST	YES	NO	N/A
The principals of all schools are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pastors of all parishes are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The athletic directors/coordinators are in agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The parishes are geographically compatible.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All children in affected grade(s) have been contacted and will be allowed to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ANY SPECIAL CIRCUMSTANCES? PLEASE EXPLAIN:

PASTOR SIGNATURE:	PARISH:
PASTOR SIGNATURE:	PARISH:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
ATHLETIC DIRECTOR SIGNATURE:	SCHOOL:
LEAGUE APPROVAL:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.