

## **St. Ignatius CYO Basketball --- Parent Participation Hours**

Parent/Guardian Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_  
Street Address City Zip Code

Player(s) Name \_\_\_\_\_

Activity Performed \_\_\_\_\_

Date Performed \_\_\_\_\_ Player(s) Grade \_\_\_\_\_

Board Member Signature \_\_\_\_\_

*For reimbursement, return completed card to: St. Ignatius CYO Basketball, 3351 Contra Loma Blvd., Antioch, CA 94509-5468*

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