
**PARISH ATHLETIC RECREATION ASSOCIATION
PLAYER PERMISSION/TRANSFER SLIP**

I, _____ Pastor/Athletic Director of _____ Parish give my
consent for _____ to participate in P.A.R.A. _____
for _____ Parish for the _____ season.

_____	_____	_____
Home Parish Director	Home Parish Director Signature	Date
_____	_____	_____
Receiving Parish Director	Receiving Parish Dir. Signature	Date

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