

Team Registration Form 2016

Please complete this information for each separate team.

Cost for the 2016 Season is **\$300 per team**.

Make checks payable to: **CYM Coed Volleyball League**

Parish Name: _____

Name of Coach: _____

Address: _____

City: _____ State: _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____

Email Address: _____

Name of Assistant Coach: _____

Assist Coach Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of CYM Coordinator: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Register this team for the following league:

Silver _____ Gold _____ Bronze _____

Does your parish have gym time available? Yes No

Gym Contact Person and Phone: _____

List Any Scheduling Conflicts Here: