

# Team Registration Form 2018

Please complete this information for each separate team.

Cost for the 2018 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:**