

Team Registration Form 2018

Volleyball roster will need to be signed off by Parish DRE before league play begins

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: