

Team Registration Form 2008/2009

Please complete this information for each separate team.

Cost for the 2008-2009 Season is **\$225 per team.**

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

Name of Team: _____

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: _____

Name of Athletic Director: _____

Daytime Phone: _____ Evening Phone: _____

Register this team for the following league:

Recreational _____ Competitive _____

Does your parish have gym time available? Yes No

Gym Contact Person and Phone: _____

Are any members of your team playing CYM Basketball? Yes No

List the players that plan to play CYM Basketball this upcoming season:

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____
