

Team Registration Form 2009

Please complete this information for each separate team.

Cost for the 2008-2009 Season is **\$250 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 CYM Coordinator: _____

Daytime Phone: _____ Evening Phone: _____

Register this team for the following league:

Silver _____ Gold _____

Does your parish have gym time available? Yes No

Gym Contact Person and Phone: _____