20 E. Cherry Street Hicksville, NY 11801
Tel (516) 433-1145 X 11 - Fax (516) 433-1238
www.cyons.org

Team Registration & Pool Availability Form

Parish: _____ **Code:**_____

Coordinator: _____

Address: _____

Home phone:_____ **Cell phone:**_____

Email Address:_____

(Coach information, if different from the Coordinator)

Head Coach: _____

Address: _____

Home phone:_____ **Cell phone:**_____

Email Address:_____

(1) Team blackout date: _____ **CCD:**_____**Parish black out date:** _____

Team Colors: _____ (please be specific)

Pool Availability Information:

POOL SITE: _____

Address: _____

Provide at least 5 - Home Meet Dates

Home Meet Dates	*Meet Start Time*