



20 East Cherry Street, Hicksville, NY 11801
Phone 516-433-1145 – Fax 516-433-1238 or 1259
www.cyons.org

Parish Registration Form

This form must be filled out separately for each CYO Program

Parish Name: _____ Code: _____

Parish Town: _____

SPORT: _____ BOYS: _____ GIRLS: _____

Coordinator's Name: _____

Address: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

Summary: Indicate number of teams for each grade level that you are entering

1 st / 2 nd	3 rd / 4 th	5 th / 6 th	7 th / 8 th

Total number of teams for your Parish for THIS Program only:

Number of teams _____ @ \$ _____ (per team) = Total Amount due: \$ _____

Teams added after scheduling is completed are subject to a double registration fee.

Only those coordinators listed here are authorized to sign waivers for the sport indicated above.

Coordinator's Signature: _____

This Parish Registration Form is intended to be accompanied by Team Registration Forms (one for each team entered) as part of a packet to be submitted to CYO.