



20 East Cherry St., Hicksville, NY 11801  
 (516) 433-1145 – Fax: 516-433-1238 [www.cyons.org](http://www.cyons.org)

**BOYS SUMMER VOLLEYBALL TEAM REGISTRATION**  
**& GYM AVAILABILITY FORM**

Parish Name: \_\_\_\_\_ Town \_\_\_\_\_ Code: \_\_\_\_\_

Circle Grade Level (as of September 2019):

	Boys Volleyball	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup> /10	11 <sup>th</sup> / 12 <sup>th</sup>
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Coach's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Coach's email: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Asst. Coach's email: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Can you host games: YES NO FACILITY LOCATION: \_\_\_\_\_

**Please provide your gym availability below:**

Day/Date	Game Times		Day/Date	Game times		Day/Date	Game Times

<i>For Office Use Only:</i>		
Team Number: _____	League number _____	Site Code _____
DAY: _____	Time: _____	